



Intercultural Institute of California

1362 Post Street, San Francisco, CA 94109

Phone 415.441.1884 Fax 415.441-1889 E-mail: info@iic.edu

Application for Graduate Admission

Please attach \$65 (US) application fee payable to: Intercultural Institute of California. The fee is non-refundable and may not be transferred to another term. Please print responses in blue or black ink. Response to all items is required unless otherwise indicated.

Master of Arts in Korean Studies

1. For the semester ___ Spring ___ Summer ___ Fall Year _____

2. I am applying for M.A. Degree in ___ Professional Application ___ Teaching Korean as a Foreign Language

3. Legal Name:

Last name First Middle Initial

4. Other names that may appear on your academic record:

Last name First Middle Initial

5. Social Security Number _____

6. Date of Birth _____ 7. Sex (enter M or F) ___
month day year

8. If you have previously applied to the IIC, please list the following:

Date of application: _____ Last term attended: _____
Term Year Term Year

Previous student identification number: _____

9. Current mailing address:

Street number Street name Apartment

City State/Country Zip code

10. Permanent address if different from current mailing address

Street number Street name Apartment

City State/Country Apartment

11. Contact Information:

Home Telephone: _____ Work _____

12. E-mail _____ Fax _____

13. What is your initial degree objective? ___MA ___ none

14. Country of citizenship _____

15. Enter your citizenship code in box _____

C- US citizen R- Refugee F- F visa
 I- Immigrant I-551 ("green card") Date Issued: _____
 J- J visa O- other (specify) _____
 N- none of the above

16. Enter your ethnic code in box (optional) ____

N-Native American
 A-African-American, non-Hispanic H-Hispanic
 C-Chinese I-Indian
 J-Japanese E-Caucasian
 K-Korean P-Pacific Islander
 O-Other Asian
 X-Other _____

17. If you have any physical, perceptual, learning, or psychological disabilities, enter a "Y" in the box. You may be notified of special services available to accommodate your disability. (Optional) ____

18. Print the names and locations of all universities and colleges attended. Begin with the last institution attended. Attach a separate sheet if necessary. For course work in progress, see number 21.

All Institutions School Name Location	Enrolled		Number of Transferable Units Completed	Degree/ Major Comple d	Date (to be) Received	
	From mo./yr. mo./yr.	To			mo.	year

19. List below the college courses in which you are currently enrolled and the additional courses you plan to complete before entering, including summer school. Attach a separate sheet if necessary.

COURSES IN PROGRESS

Institution	Term/Year	Department Course Number and Title	Unit Value
TOTAL UNITS IN PROGRESS			

COURSES PLANNED

Institution	Term/Year	Department Course Number and Title	Unit Value
TOTAL UNITS PLANNED			

20. Academic honors (scholarships, awards, publications) _____

21. Please list your first language _____

Indicate your proficiency in other languages in which you have competence.

Rate yourself = E - excellent, G - good, F - fair, P - poor

Language	Reading	Writing	Speaking

Years of instruction through English _____

22. Test Scores. List standardized US graduate admissions tests taken/scheduled: GRE, TOEFL, TOEIC, GMAT, TWE, NTE, CBEST, etc. Official test reports must be sent to the office of admission directly from the testing service.

Test	Date Taken/Scheduled	Scores Received	Date Scores Requested
GRE		verbal _____% quant. _____% analytical _____%	
TOEFL		scaled scores: Sec.1 _____ Sec.2 _____ Sec.3 _____ Total _____	
Others:			

23. List all applicable employment. Include military service but omit summer and part-time work not relevant to your career or academic goal. Indicate your present employer, if now employed.

Employer	Job Title/Position	Dates

24. List below the two faculty members who best know your academic and /or professional qualifications, including performance, potential, and motivation. Request these individuals to send letters of reference directly to the Korean Studies Graduate Admission Office.

Name	Address	Position/Title and Institute or Organization

25. Statement of Purpose. On a separate sheet (or sheets), write a brief statement of purpose describing reason(s) for pursuing the Master's Degree in Korean Studies. Include any information that is relevant to your specified objective. You may also attach a resume in addition to your statement.

I certify that the information submitted in this application is true, complete, and accurate. I understand that any misrepresentation will be grounds for denial of admission.

X

Signature

Date

Use of Social Security Number - The Intercultural Institute of California uses the social security number for student records. If you do not have a social security number at the time you file your application, leave the item blank; the Institute will assign a substitute number.

26. How did you learn about the Korean Studies program at the IIC?
