## **DUO-Korea Fellowship Programme**

## Application for academic year 2022/23

ID number	DK2022-	D	ate of submission	on
	INST	TITUTION I	N KOREA	
Name of				
Institution				
1) CONTACT	PERSON (should not be same as the	information (	of the person of ex	change)
Surname			Given name	
Position			Department	
Address				
	Country: KOREA Zip Code:		1	
Tel	82-		E-Mail	
2) INFORMA	TION ON THE PERSON OF EXC	HANGE		
Surname			Given name	
Date of Birth	(D/M/Y)		Gender	
Nationality	Korean			
	Language & Literature			Language & Literature
	Social Science			Social Science
Applying field	Engineering		Ourse of Main	Engineering
of study	Natural Science		Current Major	Natural Science
	Fine Arts		 	Fine Arts
	Others (pls. specify):			Others (pls. specify):
Grade (or academic years you spent in the institution)		GPA		
If applicant is a	graduate student, click in a Graduate bo	X.		
(DO NOT select	grade)			
Tel	82-		E-Mail	
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Institutional criteria for selecting above person to be exchanged:

(Please, describe why your institution recommends above person for the fellowship in detail)

INSTITUTION IN EUROPE						
Name of						
Institution						
1) CONTACT	PER	SON (should not be same as the information	n of the pers	on of ex	change	·)
Surname			Given na	me		
Position			Departme	ent		
Address	Country: Zip Code:					
Tel			E-Mail			
2) INFORMA	TION	ON THE PERSON OF EXCHANGE				
Surname			Given na	me		
Date of Birth		(D/M/)	) Gender			
Nationality	(Plea	ase submit a copy of passport)				
		Language & Literature			L	_anguage & Literature
		Social Science			3	Social Science
Applying field		Engineering	<b>—</b>	[	E	Engineering
of study		Natural Science		Major	1	Natural Science
		Fine Arts			F	Fine Arts
	Others (pls. specify):				(	Others (pls. specify):
Grade (or acade	mic y	ears you spent in the institution)	ECTS			
,						
If applicant is a graduate student, click in a <b>Graduate</b> box.  * Please write the earned ECTS until the 2021 fall seme				ed ECTS until the 2021 fall semester		
(DO NOT select						
Tel			E-mail	E-mail		
Institutional criteria for selecting above person to be exchanged: (Please, describe why your institution recommends above person for the fellowship in detail)						
Confirmation	of A	Agreement with EUROPEAN institut	ions			
I, the contact person in the Korean institution, hereby confirm that the persons to be exchanged and the contact person in the European institution are all aware and agree that this application is submitted. (please, check the box at the right as appropriate)						

		DE	SCRIPT	ION OF EXCH	ANGE PROGRAM			
	Fron	From KOREAN to EUROPEAN Institution			From EUROPEAN to KOREAN Institution			
Type Of Exchange	STUDE	NT	Undergraduate Graduate		STUDENT	Undergraduate Graduate		
Duration Of	Applying UNIT	)	1 semes	ter	Applying UNIT	1 semester		
Exchange	Starting	Date			Starting Date			
	Ending [	ding Date			Ending Date			
			PU	IRPOSE OF EX	CHANGE			
STUDEN	Transfer of Cr		edits					
OTOBER		Others:						
FROM KORE	AN TO E	UROPEAN INSTIT	UTION					
-	<u>`</u>	ou complete?						
FROM EURO	PEAN TO	O KOREAN INSTIT	UTION					
How many cre	edits will y	you complete?						

EXCHA	NGE DET	AILS	
DESCRIBE STUDENTS' LEARNING AGREEMENT DURING	G THE EXCH	ANGE	
(This will be closely examined at the stage of selection I	y the Selec	tion Committee. Language traini	ng or sports courses
are NOT counted. Any changes should be duly reported	to the Secre	tariat for approval.)	
Class Schedule of the Korean student:			
Name of Subject	ECTS	Comments if neces	ssary
Class schedule of the European student:	0 "		
Name of Subject	Credits	Comments if neces	ssary
SOURC	E OF FINA	ANCE	
Do you have other source of finance to fund for this exch	ange progra	m, including room/board, airfare,	
stipend and others?			NO
If YES, please specify detailed information of other source of	t tinance:		

CERTI	FICATION	ΔΙΙΤΙ	1ENT	ICITY
	ILICATION	 -		

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comple this ap	by certify on my honor that the information provided in this application is correct and ete. Any provision of inaccurate or false information or omission of information will render pplication invalid and that, if selected on the basis of such information, I can be required to aw from the award.
	Date: (Name/Signature) Contact Person of Korean Institution:
	(Name/Signature) President or Director of Korean Institution:
	Official stamp of Korean Institution:
•	Please upload the MOU agreement between two institutions Please upload the copies of PASSPORT of Korean and European students Please upload the TRANSCRIPT of Korean and European students Please upload the MOTIVATION LETTER of Korean and European students This word version application is only for reference. Please do not submit this application by email Only on-line submission is acceptable.
** Autho	orized signature and official stamp are required <u>after</u> selection is made. There is no need for signature and stamp during

application procedure.