

INSTITUTE PAUL BOCUSE at WOOSONG



< 예 시 >

**Special Program in Collaboration**

**With Woosong University**

**Bachelor's Degree in Culinary Arts &  
Restaurant Management**

# **APPLICATION FORM**

## **Fall 2019**



Institut Paul Bocuse at  
Woosong University  
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Daejeon, 34606 South Korea  
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Application for Institute Paul Bocuse Special Program in Culinary Arts & Restaurant Management at Woosong University

(please type, or print in block letters)

I am applying for:  Fall: September 2019 Student ID: 학번

Current Department at Woosong University: 본인 소속 학과

Status:  Freshmen  Sophomore  Transfer - From which university? 1학년 2학년 편입생

Name (Please enter your legal name as it appears on your passport)

NAME in Korean: 한국 이름 ex) 김시카 Sica KIM

NAME in English, (Full Name & Nickname): 영어 이름 ex) Laura

Gender:  Male ( Finished Military Service  Exempt  Female)  Male (군필자 면제자)

E-mail address: 이메일 주소

Alternate e-mail address: 또 다른 이메일주소

Mailing address (This address is to be used for official correspondence)

Address: 주소지 (네이버 영문주소 참고)

City: State/Province:

Postal Code: 우편번호 Country: 나라

Phone number: 042/ (Include country code) Mobile Number: 010/ 일반전화 휴대전화

Citizenship and other personal data:

Date of birth: (Year/month/day) 1996/09/05 ex) 태어난 날짜 Country of birth: 태어난 나라

Language spoken

- Korean Bad 1-2-3-4-5 Good
- English Bad 1-2-3-4-5 Good
- French Bad 1-2-3-4-5 Good
- Others? Bad 1-2-3-4-5 Good (본인이 가능한 언어) 기재요망
어떤 언어든 체크하지 말아주세요.

**Have you ever been convicted of a criminal offense? ( 전과기록 유무 )**

No  Yes. If yes, please attach an explanation on the nature of the offense.

**Do you have any medical condition(s) that will affect your ability to complete courses? ( 필라퀴즈 프로그램 참여 중 참고해야 할 질병이 있다면 명시해주세요 )**

No  Yes. Please specify: \_\_\_\_\_

If yes, please attach information about the nature of the condition.

**Do you have any special dietary requirements for religious or health reasons?**

No  Yes. If yes, please state your food requirement(s).

종교적 혹은 건강상의 이유로 피해야 하는 음식이 있으신가요? 그렇다면 이곳에  
명시해주세요.

**Emergency contact details (The person to contact in case of an emergency)**  
< 비상 연락망 >

\_\_\_\_\_ <sup>성</sup> \_\_\_\_\_ <sup>이름</sup>  
(PROF., DR., MRS., MR., MS.) Surname / Family name Given Names

Relationship: \_\_\_\_\_ <sup>관계</sup>

Mobile Number: \_\_\_\_\_ / \_\_\_\_\_ <sup>핸드폰 번호</sup>

E-mail Address: \_\_\_\_\_ <sup>이메일 주소</sup>

