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UNIVERSITY OF DAR ES SALAAM
KOREAN STUDIES CENTER

다르에스살람대학교 한국학 연구센터

**APPLICATION FORM FOR ADMISSION TO
KOREAN LANGUAGE AND CULTURE PROGRAMME
OCTOBER 2022 INTAKE**

Tick the Level Applied for: Beginner.....Intermediate.....

Please Fill in Block Letters

1. **Personal Information:** *Note: Names entered in this form must be exactly the same as those appearing on your academic references or official identification*

First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Place of Birth	
Nationality	
Postal Address	
District	
Region	
Occupation/Location	
Mobile Number	
Email	

2. Education Information

Primary School	
Name of School	
District/Region	
Year Completed	
Secondary School	
Name of School	
District/Region	
Year Completed	
Advanced School	
Name of School	
District/Region	
Year Completed	
College/University Level	
Name of College	
District/Region	
Year Completed	
Course Completed	

3. Emergency Contact

Name of Person 1	
Relationship	
Mobile Number	
Name of Person 2	
Relationship	
Mobile Number	

4. Declaration

I declare that the information and supporting documents provided are true and correct to the best of my knowledge.

Applicant Signature.....Date.....

5. FOR OFFICIAL USE ONLY

Recommendation.....
.....
.....
.....

Name.....

Title.....

Signature.....Date.....

Note: Required Attachments

- Copy of Birth Certificate
- Copy of valid National ID or other Official ID
- Passport size colored photo taken within past six months
- Copy of Bank Payment Slip