**MYONGJI UNIVERSITY EXCHANGE STUDENT**

**GUARDIAN (PARENTAL) CONSENT FORM**

 **A. Student Information**

|  |  |
| --- | --- |
| **Full Name** | *EXACTLY as shown on passport* |
| **Gender** | Male / Female | **Nationality** |  |
| **Birthday (YYYY/MM/DD)** | / / | **Mobile Phone No.** | + |

**B. Guardian (Parent) Information (may include non-family member)**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Home Address** |  |
| **E-mail Address** |  |
| **Relationship** |  | **Mobile Phone No.** | + |

I (full name of the guardian/parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of (student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , give my consent for the student’s participation in the international exchange program at Myongji University during the period selected on the application form with good understanding of the cost that may incur during the student’s exchange program period.

Guardian’s (Parent’s) Signature:

Date (YYYY/MM/DD):

※ This document may be handwritten.

**MYONGJI UNIVERSITY EXCHANGE STUDENT RECOMMENDATION FORM**

If your institution has its own recommendation form, it can be used instead

*※ Recommenders may handwrite*.

 **A. Student Information**

|  |  |
| --- | --- |
| **Full Name** | *EXACTLY as shown on passport* |
| **Gender** | Male / Female | **Nationality** |  |
| **Birthday** | **YYYY/MM/DD** | **Mobile Phone No.** | + |

**B. Recommender Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **E-mail** |  |

**C. How long have you known the student and in what context?**

**D. Do you think the applicant has sufficient language(English or Korean) proficiency?**

|  |
| --- |
|  |

**E. Other comments**

|  |
| --- |
|  |

Recommender’s Signature:

Date (YYYY/MM/DD):

**MYONGJI UNIVERSITY EXCHANGE STUDENT HEALTH REPORT FORM**

 **A. Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |   | **Gender** |  |
| **Date of Birth** |  YYYY / MM / DD | **Mobile Phone No.** | + |
| **Home Institution** |  |

**B. Physical Examination**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Height (cm)** |  | **Weight (kg)** |  | **Blood Type** |  |
| **Hepatitis B Vaccination Record** | □ Yes□ No | **HbsAg /항원** | □Positive □Negative | **BloodPressure** | **Systolic** |  |
| **HbsAb(anti-HBs) /항체** | □Positive□Negative | **Diastolic** |  |
| **Tuberculosis** | □ Positive □Negative | **Diabetes** | □ Positive □Negative |

※ Negative result of Hepatitis B and Tuberculosis test are required.

※ Please include proof of tuberculosis and hepatitis vaccinations.

**C. Health Record**

|  |
| --- |
| 1. Are you currently taking any medications? (Indicate regular use of any medications, herbs, or supplements) |
| 2. Are you presently under treatment for any physical or mental condition? |
| 3. Have you ever been treated or currently under treatment for any heart conditions? |
| 4. Have you ever had surgery? |
| 5. Any other health concerns or dietary/meal restrictions? |
| 6. Have you ever had drinking problems or currently have drinking problems? |

※ Myongji University accepts no responsibility for loss of possessions, accidents, injuries or illness resulting from a student’s own negligence or an undeclared medical condition. For the safety of the students, Medical conditions must be declared here.

Medical Doctor’s Name:

Medical Doctor’s Institution:

Medical Doctor’s Signature:

Date (YYYY/MM/DD):