



# USAG DAEGU INTERNSHIP PROGRAM

## APPLICATION FORM



**(\*\*Resume must be included with this application form\*\*)**

**Session** ☐ Spring (March – August) ☐ Fall (September – February) **Date:**

### SECTION I – GENERAL PERSONAL INFORMATION

1. Name of University:	2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Name (Last, First, Middle)	4. Date of Birth (YYYYMMDD)
5. Korean ID Number:	
6. E-mail:	
7. Physical Address:	
8. Cell Phone Number:	9. Person to call in case of emergency / cell phone number:

### SECTION II – CHOICE OF DEPARTMENT

- These preferences will be considered but will be based on availability and need & are not guaranteed.

	Place in order	Explain why you would like to be placed in this department
10. Choice of Department	a)	
	b)	
	c)	

### SECTION III – EDUCATION

- Copy of transcripts is required. Failure to submit transcript will disqualify the applicant

11.a. College Major:	11.b. Double Major:
11.c. Minor Degree:	11.d. Grade Point Average:
11.e. Select your status as applicable to the session that you are applying for: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	

### SECTION IV – WORK EXPERIENCE

12.a. Job Title:	12.a.1. Period:
12.a.2. Duties:	
12.b. Job Title:	12.b.1. Period:
12. b.2. Duties:	

**SECTION V – VOLUNTEER EXPERIENCE**

13. a. Job Title:

13.a.1. Period:

13. a.2. Duties:

14. b. Job Title:

14.b.1. Period:

14. b.2. Duties:

**SECTION VI – ENGLISH PROFICIENCY****15.a. Test Name****15.a.1. Score****15.a.2. Command level of English**

1.

1.

Basic

2.

2.

Intermediate

3.

3.

Advanced

**SECTION VII – CERTIFICATIONS****16.a. Certification Title****16.a.1 Date of Completion**

1.

1.

2.

2.

3.

3.

**SECTION VIII – WHY DO YOU WANT TO BE A USAG DAEGU INTERN**

- Please briefly let us know why you are interested in this program.

**SECTION IX – HOW DID YOU LEARN ABOUT THIS PROGRAM**☐

University

☐

USAG Daegu

☐

Intern Program Facebook Page

☐

Friends

☐

Other \_\_\_\_\_

I certify that all of my responses to this application form are true and accurate. I accept that if my supporting documentation and/or later steps in the selection process do not support one or more of my responses to the application form that my application may be rated lower and/or I may be removed from further consideration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_