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| **EC:\Users\user\Desktop\Logo_로고_총집합_예랑\ELIS로고\ELIS_logo-3.pngxpanding Horizons 2018** |
| Ewha-Luce International Seminar for Women Graduate Students in STEM from the U.S. and Asia |
| **Application Form** |
| *Please fill in the blanks with your personal information. The ELIS 2018 Application Pack (: Application Form, CV, SoP, and LoR) can be submitted to* *womeninstem@ewha.ac.kr* *with the heading [ELIS 2018 Application: your name].*  |
| **Personal Information** |
|  |
| **Surname** |
|  |
| **Middle Name** |
|  |
| **First Name** |
|  |
| **Date of Birth** |
|  |
| **Country of Birth** | **Nationality** |
|  |  |
| **Country of Residence** |
|  |
| **Address** |
|  |
| **City** | **Postal Code** |
|  |  |
| **Country** |
|  |
| **Telephone Number** | **Mobile Number** |
|  |  |
| **E-mail Address** | **Additional E-mail Address** |
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| **Personal Homepage** |
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| Facebook | Instagram | Etc. |
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**SNS Activity**  |
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| **Education** |
| **Degree & Course Title that you are currently undertaking** |
|  |
| **Year / Month of commencement** |
|  /  |
| **Year/Month of termination** |
|  /  |
| **Institution** |
|  |
| **Country** |
|  |
| **Degree (MSc/PhD etc.)** |
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| **Major** | **Second Major** *(if any)* |
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| **Language** |
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| *Please provide your knowledge of the languages and indicate proficiency.*  |
|  | (Elementary) |  |  |  |  |  | (Advanced) |
|  | (Elementary) |  |  |  |  |  | (Advanced) |
|  | (Elementary) |  |  |  |  |  | (Advanced) |
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| **Dietary Requirements** |

*Please provide your dietary requirements or food allergies if you have any.*

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\*\*Note: ELIS makes reasonable efforts to prevent your allergen of concern. However, there is no guarantee that we will be able to accommodate all food intolerances/special diets, and in some cases provisioning food sourcing and handling procedures can be challenging in Korea.

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| **Recommender Information** |
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| **Name** |
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| **Organization** |  | **Position** |  |
|  |
| **Telephone Number** |  | **Fax Number** |  |
|  |
| **E-mail Address** |
|  |
| **Address** |
|  |
| **Relationship with you** |
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| **Emergency Contact** |
|  |
| **Name** |
|  |
| **Relationship with you** |
|  |
| **Address** |
|  |
| **E-mail Address** |
|  |
| **Telephone Number** |
|  |
| **Cellphone Number** |
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| **Information for flight booking** |
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| **City of Departure** |
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| **Names of the airport preferred** |
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| **Passport Number** |
|  |
| **Expire date of the passport** |
|  |
| **Applicant’s Signature** |
| **I certify that all information in my application form is my own work, factually true and honestly presented.** |



*The Ewha-Luce International Seminar ensures the privacy of the participants and any form of personal information will be used only for the sole purpose of this seminar and will be destroyed thereafter.*