Graduate School of Sogang University (Dasan Hall #425),

Registration Number

35 Baekbeom-ro (Sinsu-dong), Mapo-Gu,

Seoul 04107, Korea

Phone: +82-2-705-8168, Fax: +82-2-705-8166

E-mail: gradsch@sogang.ac.kr

**Financial Certification [Form 5]**

**APPLICANT’S INFORMATION**

Name (English): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family / Last (姓) First (名) Middle (if any)

Salutation: ⬜ Mr. ⬜ Ms. Marital Status: ⬜ Single ⬜ Married ⬜ Other

Proposed Dept/Program of Study: University / Institution: Dept/Major:

For each dependent accompanying you, please list the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Gender | Relationship to applicant | Date of Birth | Nationality |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PLEASE READ CAREFULLY**

* You and/or your sponsor are responsible for all educational and living expenses for the entire duration of your study at Sogang. This includes the living costs of any accompanying dependents or family members.
* The minimum amount of funds that should be available is US$20,000 in the bank account(s) of you and/or your sponsor. If you are receiving a scholarship from an organization toward your studies at Sogang, please describe it under the sponsor information.
* For your VISA issuance, additional certificates (bank statement, certificate of employment/business registration, certificate of tax payment, etc.) will be required by the authorities.

**SPONSOR INFORMATION**

### FAMILY SPONSOR (or Professor)

Name:

Relationship to Applicant: Occupation:

Address:

 Tel:

Name of Bank: Tel/Fax:

Amount of Deposit: US$

**ORGANIZATION (Government, Educational Institution, or Official Agency)**

Name of Organization:

Address:

Tel.: Fax: Amount of Financial Support : US$

I certify that I have sufficient funds for my studies at Sogang. The information provided on this form is accurate. I understand that any untrue or misleading information may result in my disqualification from further consideration for admission and will be cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date (DD/MM/YY)