

JASENG MEDICAL ACADEMY

INTERNSHIP APPLICATION FORM

Personal Information

Name:

Preferred Internship Duration Dates: (mm/dd/yy) ~ (mm/dd/yy)

Native Language: Level of English Proficiency:

Email: Phone:

Country of Residence: Nationality:

Current Address:

Permanent Address:

Education

University:

Current Career Goal:

Major / Minor: GPA:

(Please state whether you are an undergraduate / postgraduate / pre-med / medical school student)

Current Year: Expected Date of Graduation:

Interest and familiarity with Korea and Korean Medicine

Please briefly describe your interest in Integrative or Korean Medicine.

How did you know about Jaseng Hospital of Korean Medicine?

Are you familiar with Korean company culture?

Do you have any family members or friends in Korea?

Are you aware that the minimum duration of the GA internship is two months?