

**Externship Application form**  
**Dongguk University Ilsan Hospital, Korea**  
 (Jun. 19th – Jun. 28<sup>th</sup>, 2024)

<b>Name:</b>	First	Middle	Last
<b>Date of Birth:</b>	<b>Gender:</b>	<b>Citizenship:</b>	
<b>Phone Number:</b>		<b>Email:</b>	
<b>Home Address:</b>			
<b>Emergency Contact:</b>	<b>Name</b>	<b>Relationship</b>	<b>Phone:</b> _____ <b>Email:</b> _____
<b>Check if:</b>	<input type="checkbox"/> DULA student <input type="checkbox"/> DULA alumni Licensed acupuncturist <input type="checkbox"/> DULA Alumni <input type="checkbox"/> non-DULA Lincensed acupuncturist		
<b>Check if:</b>	<input type="checkbox"/> I can book my own airplane ticket. <input type="checkbox"/> I need an airplane ticket. <i>* Depart from LAX: June 18<sup>th</sup>, Depart from Seoul: June 29<sup>th</sup>.</i>		
<b>Payment Method</b>	<input type="checkbox"/> check <input type="checkbox"/> cash <input type="checkbox"/> debit/credit card <i>* DULA Registrar will contact you for further payment details.</i>		
<p>* Tuition and Fees: \$1500 for DULA students, \$2400 for DULA alumni, <b>EXCLUDING</b> airfare.                  ** Cancellation &amp; Refund Policy:                  - Cancel by Thursday May 30<sup>th</sup>: full refund.                  - Cancel after Thursday May 30<sup>th</sup>: <b>no refund</b>.                  - Failure to comply with the schedule will result in forfeiture of any refund entitlement.                  *** VISA requirement: please read the Externship program Introduction document.</p>			
<p>I hereby acknowledge that I have thoroughly read and understand the terms and conditions of this program, and I willingly accept all associated consequences.</p>			
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>	
_____	_____	_____	