

JASENG HOSPITAL OF KOREAN MEDICINE GLOBAL INTERNSHIP/VOLUNTEER APPLICATION

Name: _____

Requested dates of Internship/volunteer (start, finish dates): _____

E-mail: _____ Cell phone #: _____

Native Language: _____ Competence in English: _____

Major: _____ Minor: _____

GPA: _____ Expected Date of Graduation: _____

Current Year in College: _____

Current Career Goal: _____

Current Address : _____

Permanent Address: _____

Permanent Telephone#: _____

U.S citizen? Yes _____ No _____ Nationality _____

Briefly describe your interest in Integrative Medicine

How did you know about Jaseng?

Are you familiar with Korean company culture?

Do you have any family or friends in Korea?

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

