CALIFORNIA STATE UNIVERSITY, LONG BEACH

CENTER FOR INTERNATIONAL EDUCATION

**South Korea Semester Faculty**

**APPLICATION FORM**

**Spring Semester 2027**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Upper-division GENERAL EDUCATION courses from** [**GE categories**](https://www.csulb.edu/student-records/fall-2025-ge-requirements) **2, 3, or 4 (formerly B, C, or D) are required since students on the South Korea Semester Program come from a wide variety of majors (preferably from two different categories.)**
* **Faculty members teaching on this program are expected to relate their instruction, to the greatest degree possible, to the South Korea setting.**
* **Answer the questions on the following pages, obtain the appropriate signatures, and return an electronic version of this form to Sharon Olson, Director, Education Abroad by Friday, October 17, 2025. Attach a short vita.**
* **Interviews will be conducted in early-November.**

**Course #1: Title, Description, and relationship to South Korea:**

.

**Course #2: Title, Description, and relationship to South Korea:**

Please include below a **detailed** statement describing why you believe that you and the courses you propose to teach will help students make the most of their South Korea learning experience. Also explain how you would help in the recruitment of students for the program, how you would assist students outside of class in South Korea, and how you might enhance their cultural experiences.

I, the undersigned, express my candidacy for the South Korea Semester program and hereby verify that all of the information provided is true to the best of my knowledge.

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

Applicant Signature Applicant Name (print Date

Department Chair Approval

* I have read the Faculty Application and discussed the proposed course offerings with the faculty member.
* I certify that the course of study is within the applicant’s field of competence.
* I agree that the student learning objectives for the courses can be met within the study abroad format.
* I approve the offering of these courses abroad.

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

Dept. Chair Signature Department Chair Name (print) Date

2. College Dean Approval

I approve the Department Chair’s recommendation.

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

College Dean/Assoc. Dean Signature College Dean/Assoc. Dean Name (print) Date