Application of APEC Learning Community Builder

1. General Information

Name	Family Name		Given Name		Gender	M ☐ F ☐
Citizenship		Native Language				
Address						
E-mail		Telephone	Nation #- Area #- Personal phone #			
			Day phone	- - -		
Home page			Evening phone	- - -		
Education	☐ Doctor ☐ Master ☐ Bachelor ☐ High school graduate ☐ Graduate student ☐ College student ☐ Secondary(Middle/High school) Student ☐ Elementary student					
How can we contact you?	☐Via email(Recommended) ☐ Via Regular Mail ☐ Via Telephone					

2. Work Information

Job	☐ Teacher ☐ Student ☐ Professor ☐ Public Official ☐ Educational Administrator ☐ Business employer/Employee ☐ Others ( )
Name of work institute	
Grade	(Only for teachers, professors & students) ☐ Kindergarten ☐ ( ) Grade < Example: (4th) Grade > ☐ Higher Education ☐, ☐ Others ( )
Teaching Subject	(Only for teachers & professors)

Mail to: Room 106, Undergraduate Library of Pusan National University, 30 JangJeon-Dong, GeumJeong-Gu, Busan 609-735, Korea(ROK),
Institute of APEC Collaborative Education Telephone: 82-51-515-7617 Fax: 82-51-515-2617

3. Field of Interest (Please, mark √ on what you are interested in. Multiple choices are available)

Setting	☐ Kindergarten ☐ Elementary School ☐ Secondary School ☐ Higher Education ☐ Business Training ☐ Adult Education
Subjects	☐ Language Education ☐ Science Education ☐ Math Education ☐ Social studies Education ☐ Sex Education ☐ Moral Education ☐ Physical Education ☐ Art Education ☐ Music Education ☐ Computer Education ☐ Vocational Education ☐ Others ( )
Global Issues	☐ Comparative Education ☐ Environment ☐ Health ☐ Cultural Understanding ☐ Digital Divide
Theory & Methods	☐ Cyber Education ☐ Instructional Media/Methods ☐ Evaluation ☐ Human Resource Development ☐ Knowledge Management ☐ Educational Administration ☐ Class Management ☐ Leadership ☐ Educational Foundation ☐ School Counseling

4. Why do you want to be an ALCoB member?

Printed Name _____ Date _____

Signature _____

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