# **FORM 1. Application Form**

#### Application Checklist 지원자 제출서류 체크리스트

REGISTRATION NUMBER					
*Leave this table blank					

Institution Receiving Application (접수기관):

Person in Charge (확인자):

Signature(인)

1)	Name of Applicant: (Surname)		(Given Name)	
2)	Country :			
3)	Desired Degree Program : ☐ Master's	☐ Doctoral	☐ Postdoctoral	☐ Professor Exchange

#### (\*Please check ( $\sqrt{\ }$ ) in the appropriate box.)

	A 12 42 Do 4	Submissi	on Status
	Application Documents	Yes	No
1	Application Form (Form 1)		
2	Letter of Self-Introduction (Form 2)		
3	Statement of Purpose (Form 3)		
4	Research Proposal (Form 4)		
5	TWO Letters of Recommendation (Form 5)		
6	Letter of Invitation (Form 6) * Research Program applicants ONLY		
7	KGSP Applicant Pledge (Form 7)		
8	Personal Medical Assessment (Form 8)		
9	Bachelor's Diploma or Certificate of Degree: original copy		
10	Bachelor's Transcript: original copy		
11	Master's Diploma or Certificate of Degree: original copy		
12	Master's Transcript: original copy		
13	Doctoral Diploma or Certificate of Degree: original copy * Post-Doctoral Research Program applicants ONLY		
14	Doctoral Transcript: original copy * Post-Doctoral Research Program applicants ONLY		
15	Certificate of Employment: original copy * Research Program applicants ONLY		
16	Applicant's Proof of Citizenship		
17	Parents' Proof of Citizenship		
18	Certificate of Korean Citizenship Renunciation * Previous Korean citizenship holders ONLY		
19	Adoption Documents * Overseas Korean Adoptees ONLY		
20	Certificate of Valid TOPIK		
21	Certificate of Valid English Proficiency Test		
22	Published Papers		
23	Awards		

### Korean Government Scholarship Program (KGSP) for Graduate Degrees Application Form

*Please check* ( $\boxtimes$ ) *the following. Click the box to check or uncheck.* 

1. Application Track 추천기관

□ Embassy An	최종선 University 국내내역							
3. Desired Field of Study 희망계열  □ Liberal Arts and Social Science 인문사회계열 □ Science, Technology and Engineering 자연공학계열 □ Arts and Sports 예체능계열								
4. Program to Apply 지원과정  □ Master's 석사과정 □ Postdoctoral Research 박사후연구과정 □ Professor Exchange 교환교수 등 연구과정								
Please complete the for	m below. It <b>must</b> be typed in	n En	glish ONLY.					
	Surname & G	Given	n Name 01름	Gender	성별	Marital Status 결혼여부		
Full Name 성명			□ Ma		le	☐ Single ☐ Married		
※Write the passport na	ame.						P	hoto
Date of Birth 생년월일 (YYYY/MM/DD)			Age 나이				Size: 3	cm x 4cm
Country 국가			Citizenship =	국적				
	Address							
Contact Information 연락처	Phone (Must start with the	cou	ntry code)					
*Must be applicant's	E-mail							
	University Name 학교명					on (City, Country) 재국가/도시	)	
Most Recently Attended University 최종학력	Achieved or Expected Degree 학위		<ul><li>☐ Bachelor's</li><li>☐ Master's</li><li>☐ Doctoral</li></ul>		N	Major 전공		
	Degree Thesis Title 최종학위논문제목							
Language Abilities 어학능력	TOPIK Level		$\Box 1 \ \Box 2 \ \Box 3 \ \Box 4$	□5 □6	7	ish Proficiency Fest Scores 어공인성적	Туре	Score

Publis	shed Pape	ers																	
	available)																		
(If a	Awards (If available)																		
Choice of University/ Major 지원신청대학				Unive	ersity	대학			Divis	sion 7	베열		D	epart	ment	학과		Majo	r 세부전공
** Attention! Embassy Track applicants must choose THREE universities and majors.      University Track applicants must choose ONE university and major.																			
Cl	noice #1				- 1 1								<u> </u>						
Cl	noice #2																		
Cl	noice #3																		
		Per	iod フ	l간	Uni	versit	y/ Inst	titutio	n 학I	고명	Cou	ntry	소재=	ב	M	ajor {	전공	분야	Degree 학위
Previ	ously																		
Achi Degr	eved																		
학																			
GPA*	School Year	1	st yea	r	2 <sup>nd</sup> year 3 <sup>rd</sup> ye		3 <sup>rd</sup> yea	ır	4 <sup>th</sup> year		4	5 <sup>th</sup> year C		Cu	mulative GPA	Score Percentile			
(ONLY for terms or semesters	Term/ Semester	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	퍙	ਰ ਰ ਹ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ ਰ	환산점수
completed) 성적	Bachelor's	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			/ 100
(이수 학기만)	Master's	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			
	Doctoral	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/			/ 100
Empl	loyment o	or		]	Period			Ins	Institution/ Company			Position Res				Resp	oonsibilities		
	onal Rese perience	arch																	
	은 연구	경력																	
Previo	ous Visits	to		J	Period F			Purpo	ose of S	Stay			City or Region Affiliat			Affiliate	d Organization		
	과거 한 주 또는	국																	
	류 사실																		
Previously Received Scholarship Awards		ırds		S <sub>l</sub>	ponso	r 지원	빈기관			Gran		unt Z D/yea	지원금 ar)	남액			Pe	riod 수혜기	기간
from Korean institutions												/							
상학	t금 수혜 											/							
										년(yyy	y)		월(m	m)		일(dd	)		
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						, .bl	, ii caiii		anne .									(SIg	inacuio)

<sup>\*</sup> GPA(Grade Point Average) must be converted to percentile scores. Refer to the Appendix A for the conversion table.
\* Doctoral degree applicants must put grades information both for Bachelor's degree and Master's degree.
\* Research Program applicants must to grades for their final degrees.

### **FORM 2. Letter of Self-Introduction**

<u>Please type in Korean or in English. The letter must be single spaced within ONE page, with the font **Times New Roman**, size 10. (\*10 points)</u>

o Your course of life, your view of life, study background, your hopes & wishes, etc
o Your education and work experience, etc., in relation to the KGSP program
o Your motivations for applying for this program
o Reason for study in Korea
·

# FORM 3. Statement of Purpose

 ${\it This form is required for applicants in the Master's or Doctoral program \ ONLY.}$ 

Please type in Korean or in English. The statement of purpose must be single spaced with no more than TWO pages, with the font **Times New Roman**, size 10. (\*10 points)

Goal of study & Study Plan	o Goal of study, title or subject of research, and detailed study plan
Future Plan	o Future plan in Korea or another country after study in Korea
after Study	

# FORM 4. Research Proposal

 ${\it This form is required for the Research Program applicants \ ONLY.}$ 

Please type in Korean or in English. Please write in as much detail as possible, not exceeding FIVE pages, single-spaced, with the font **Times New Roman**, in size 10. (\*10 points)

Research Topic
Research Objectives
Research Objectives
Detailed Research Plan
Research Methodology
Expected Results of the Research
Research Timetable
Research Timetable

### FORM 5. Letter of Recommendation

**To the applicant**: Please fill in your name and the other required information below. In turn, deliver or email this form to the person who will write this letter. **NOTE**: Request your recommender to seal his or her letter of recommendation in an official envelope and sign across the back flap upon completion. Recommendation letters that are not sealed and signed will not be accepted.

			Confidentia
Name of Applicant: (Surname)		(Given Name)	
Nationality:			·
Desired Program: □ □ Master's	☐ Doctoral	☐ Postdoctoral	☐ Professor Exchange
Desired Major:			
To the recommender: The person nar	ned above has applie	d for the 'Korean Gove	rnment Scholarship Program'. We ask for you
assistance, and would appreciate your fr	ank and candid appra	isal of the applicant.	
* Please type or print clearly using black	ck ink.		
1. How long have you known the appl	licant and in what rela	ationship?	

Please assess the applicant's qualities in the evaluation table given below. Rate the applicant compared to other classmates who are/were in the same school year with him/her.

Classification	Truly Exceptional	Excellent	Very Good	Good	Below Average	N/A
	Top 2%	Top 10%	Top 25%	Middle 50%	Lower 25%	
Academic Achievement						
Future Academic Potential						
Integrity						
Responsibility/Independence						
Creativity/Originality						
Communication Skills						
Interpersonal skills						
Leadership						

1. What do you consider to be the	ne applicant's strengths?		
2. What do you consider to be the	ne applicant's weaknesses?		
3. How well do you think the ap	plicant has thought out plans for graduate st	udy?	
	cicant's performance record, potential, or potential, or potential for the proposed degree program.	ersonal qualities which you believe would be help	oful in
Recommender's Name		Date	
Recommender's Signature			
Position or Title:			
University (Institution):			
Address:			
		(zip-code: -	)
	Fax:		

Please return this form sealed in an official envelope and signed across the back to the applicant. We greatly appreciate your timeliness regarding this letter for your recommendee.

### FORM 6. Letter of Invitation

This form is required for the Research Program applicants ONLY and must be completed by the staff or faculty of the inviting university.

	A. Applicant	Information				
Full Name						
Nationality		Final Degree				
Current Affiliation		Current Position				
	B. Invitati	on Details				
Period of Invitation		Department				
Professor		(signature)				
Research Plan	* Please briefly describe the applicant's research topic and plan.					
University's Support Plan	1. Please check all that applies:  Participation in our university's research project;  Support for coursework, as in auditing a course;  Personal research office  Access to the university's library  Financial support for attending academic conferences  On-campus accommodation  Other  2. University Support Details					
	at Scholarship Program.	vite the above person ebruary 1, 2017	on as a research program scholar unde			
			(Official Seal)			
President	Univer	rsity	. • • • • •			

### FORM 7. KGSP Applicant Pledge

#### **Pledge**

As an applicant for the 2017 Korean Government Scholarship Program (KGSP) for Graduate Degrees, I pledge to abide by the followings:

- (1) All documents I submitted to NIIED are true;
- (2) I will fulfill my responsibilities as a KGSP scholar to the best of my ability;
- (3) I will respect and uphold the values of the Korean culture and society;
- (4) I will not participate in any form of political activities (such as organizing or joining a political party, attending political meetings, publishing political articles and declarations, and organizing or participating in political demonstrations);
- (5) I will maintain financial integrity at a personal level;
- (6) I accept NIIED's decision concerning the graduate degree program and the Korean language program;
- (7) I understand it is not permitted to change the university, either for the Korean language program or for the degree program;
- (8) I will observe the regulations of NIIED and university; and
- (9) I give permission to NIIED to use my personal information for KGSP.

I confirm that I read the above conditions. I also understand that the violation of any one of the above might result in the suspension or cancellation of the scholarship.

Date (YYYY/ MM/ DD):

Applicant's Name: (signature)

### FORM 8. PERSONAL MEDICAL ASSESSMENT

Attention! Applicants are not required to undergo an authorized medical exam before passing the 2<sup>nd</sup> Selection with NIIED. The successful candidates of the 2<sup>nd</sup> round of selection, however, must get the comprehensive medical examinations from a licensed physician or a doctor (including an HIV and TBPE drug test\*\*, etc) in accordance with the requirements of the Korea Immigration Service and the KGSP. If the results show that the applicant is unfit to study and live overseas more than 3 years, he/she may be disqualified.

\*\*The TBPE (tetrabromophenolphthalein ethyl ester) drug tests are for evaluating past usage of stimulant drugs.

Gender	☐ Male ☐ Female	HEIGHT		cm	WEIGHT	kg
QUESTION			YES	NO	IF YES, PL	EASE EXPLAIN
Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis, HIV and other STDs)?						
Do you have allergies?						
Do you have hyper tension?						
Do you have diabetes?						
Do you have any type of Hepatitis?						
Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.)			1			
Have you ever been addicted to alcohol?						
Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally?						
Have you been hospitalized in the last two (2) years?						
Have you had any serious injury, ailment or sickness in the last five (5) years?						
Do you have any visual or hearing impairment?						
Do you have any physical disabilities?						
Do you have any cognitive/mental disabilities?						
Are you taking any prescribed medication?						
Are you on a special diet?						
Are you pregnant?						