# **FORM 1. Application Form**

**Application Checklist**

**지원자제출서류체크리스트**

|  |
| --- |
| 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 : ☐Doctoral ☐Master’s

**(\*Please check (√) in the appropriate box.)**

|  |  |
| --- | --- |
| Application Documents | Submission Status |
| Yes | No |
| 1 | Application Form (Form 1) |  |  |
| 2 | Self-Introduction Letter (Form 2) |  |  |
| 3 | Statement of Purpose (Form 3) |  |  |
| 4 | ONE Letter of Recommendation (Form 4) |  |  |
| 5 | KGSP Applicant Pledge (Form 5) |  |  |
| 6 | Personal Medical Assessment (Form 6) |  |  |
| 7 | Bachelor’s Diploma or Certificate of Degree : original copy |  |  |
| 8 | Bachelor’s Transcript: original copy |  |  |
| 9 | Master’s Diploma or Certificate of Degree: original copy |  |  |
| 10 | Master’s Transcript: original copy |  |  |
| 11 | Applicant’s Proof of Citizenship  |  |  |
| 12 | Parents’ Proof of Citizenship |  |  |
| 13 | Certificate of Korean Citizenship Renunciation |  |  |
| 14 | Adoption Documents (Overseas Koreans Adoptees ONLY) |  |  |
| 15 | Certificate of TOPIK: original copy |  |  |
| 16 | Certificate of English Proficiency Test: original copy |  |  |
| 17 | Published Papers  |  |  |
| 18 | Awards |  |  |

**Korean Government Scholarship Program (KGSP)**

**for Graduate Degrees**

**Application Form**

*Please check (*☒*) the following. Click the box to check or uncheck.*

1. **Application Track 추천기관**

☐Embassy 재외공관 ☐ University 국내대학

1. **Type of Application 추천유형**

☐General 일반추천 ☐Overseas Korean Adoptee입양인

**3.Desired Field of Study희망계열**

 ☐Liberal Arts and Social Science인문사회계열

 ☐Science, Technology and Engineering자연공학계열

 ☐Arts and Sports예체능계열

**4. Degree Program to Apply 지원과정**

 ☐Doctoral 박사과정 ☐Master’s 석사과정

*Please complete the form below. It* ***must*** *be typed in English ONLY.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name****성명** | *Surname 성* | *Given Name 이름* | **Gender성별** | **Marital Status****결혼여부** | PhotoSize: 3cm x 4cm |
| ☐Male☐Female | ☐Single☐Married |
| **※Write the passport name.**  |
| Date of Birth생년월일(YYYY/MM/DD) |  | Age나이 |  |
| Country국가 |  | Citizenship국적 |  |
| Passport여권정보 | *Number* |
| *Date of IssueDate of Expiry* |
| Contact Information연락처**\*Must be applicant’s** | *Address* |
| *Phone (Must start with the country code)*  |
| *E-mail* |
| Most Recently Attended University최종학력 | University Name 학교명 |  | Location (City, Country)소재국가/도시 |  |
| Achieved or Expected Degree 학위 | ☐Bachelor’s☐Master’s | Major 전공 |  |
| Degree Thesis Title 최종학위논문제목 |  |
| Language Abilities 어학능력 | TOPIK Level | ☐1☐2 ☐3 ☐4 ☐5 ☐6 | English Proficiency Test Scores영어공인성적 | *Type* | *Score* |
| Published Papers(If available) |  |
| Awards(If available) |  |
| Choice of University/ Major 지원신청대학 | University 대학 | Division계열 | Department학과명 |
| ※***Attention!*** Embassy Track applicants must choose THREE universities and majors.  University Track applicants must choose ONE university and major.  |
| Choice #1 |  |  |  |
| Choice #2 |  |  |  |
| Choice #3 |  |  |  |
| Previously Achieved Degree(s)학력 | Period기간 | University/ Institution 학교명 | Country소재국 | Major전공분야 | Degree학위 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| GPA\*(ONLY for terms or semesters completed)성적(이수학기만) | School Year | 1st year | 2nd year | 3rd year | 4th year | 5th year | Cumulative GPA평균평점 | Score Percentile 환산점수 |
| Term/ Semester | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| Bachelor’s | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |  | / 100 |
| Master’s | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |  | / 100 |
| Employment or Professional Research Experience직업혹은연구경력 | Period | Institution/ Company | Position | Responsibilities |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Previous Visits to Korea 과거한국거주또는체류사실 | Period | Purpose of Stay | City or Region | Affiliated Organization |
|  |  |  |  |
|  |  |  |  |
| Previously Received Scholarship Awards from Korean institutions장학금수혜 | Sponsor 지원기관 | Grant Amount 지원금액(USD/year) | Period 수혜기간 |
|  | / |  |
|  | / |  |
| 년(yyyy) 월(mm) 일(dd)Applicant's Name : (signature) |

\* 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.

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

*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)*

|  |
| --- |
| oYour course of life, your view of life, study background, your hopes & wishes, etco 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**

*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 Planafter Study |  *o Future plan in Korea or another country after study in Korea* |
|  |  |
|  |

**FORM 4. 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.

**Confidential**

Name of Applicant: (Surname) (Given Name)

Nationality:

Desired Degree Program: ☐Master’s ☐Doctoral

Desired Major:

**To the recommender**: The person named above has applied for the ‘Korean Government Scholarship Program’. We ask for your assistance, and would appreciate your frank and candid appraisal of the applicant.

*\** ***Please type or print clearly using black ink****.*

1. How long have you known the applicant and in what relationship?

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 applicant’s strengths?

2.What do you consider to be the applicant’s weaknesses?

3.How well do you think the applicant has thought out plans for graduate study?

4.Please comment on the applicant’s performancerecord, potential, or personal qualities which you believe would be helpful in considering the applicant’s application for the proposed degree program.

Recommender’s Name Date

Recommender’s Signature

Position or Title:

University (Institution):

Address:

(zip-code: - )

Tel: 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 5. KGSP Applicant Pledge**

|  |
| --- |
| **Pledge**As an applicant for the 2016 “Korean Government Scholarship Program (KGSP) for Graduate Study”, I pledge to abide by the following rules**:**(1) To refrain from violation of university regulations and to fulfill my obligations as a KGSP scholar to the best of my ability.(2) To behave in a manner appropriate to Korean culture and society, and not to participate in any form of political activity (such as organizing a political party, joining a political party, attending political meetings, publishing political articles and declarations, organizing or participating in demonstrations of a political nature, and so on).(3) To accept responsibility for paying any debts incurred in Korea(4) To agree with NIIED's decision concerning the graduate program and the Korean language course (5) To abide by all terms and regulations set by NIIED.(6) To permit NIIED to use my personal information for the KGSP.If I am proved to have violated any of the above or to have made a false statement in my application documents, I shall accept any resolution or penalty made by NIIED, even when it may/might result in suspension, revocation or withdrawal of my scholarship. I was informed and fully understand that KGSP scholars are not permitted to transfer schools for the entire duration of scholarship after confirming their host institution including Korean language institution.Date (YYYY/ MM/ DD): Applicant’s Name : (signature) |

**FORM 6.PERSONAL MEDICAL ASSESSMENT**

***Attention!***Applicants are not required to undergo an authorized medical exam before passing the 2nd Selection with NIIED. The successful candidates of the 2nd round of selection, however, must getthe comprehensive medical examinations from a licensedphysician 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, PLEASE 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 STD**s)? |  |  |  |
| 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.) |  |  |  |
| Have you ever been addicted to alcohol? |  |  |  |
| Have you ever abused any narcotic, stimulant, hallucinogen or other substance (whether legal or prohibited)? |  |  |  |
| 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 impairments? |  |  |  |
| 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?  |  |  |  |