

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 (√) in the appropriate box.)

Application Documents		Submission Status	
		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) <i>* Research Program applicants ONLY</i>		
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 <i>* Post-Doctoral Research Program applicants ONLY</i>		
14	Doctoral Transcript: original copy <i>* Post-Doctoral Research Program applicants ONLY</i>		
15	Certificate of Employment: original copy <i>* Research Program applicants ONLY</i>		
16	Applicant's Proof of Citizenship		
17	Parents' Proof of Citizenship		
18	Certificate of Korean Citizenship Renunciation <i>* Previous Korean citizenship holders ONLY</i>		
19	Adoption Documents <i>* Overseas Korean Adoptees ONLY</i>		
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 (☑) the following. Click the box to check or uncheck.

1. Application Track 추천기관

- Embassy 재외공관 University 국내대학

2. Type of Application 추천유형

- General 일반추천 Overseas Korean Adoptee 입양인

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 Doctoral 박사과정
 Postdoctoral Research 박사후연구과정 Professor Exchange 교환교수 등 연구과정

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

Full Name 성명	<i>Surname 성</i>	<i>Given Name 이름</i>	Gender 성별	Marital Status 결혼여부	Photo Size: 3cm x 4cm
	※Write the passport name.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth 생년월일 (YYYY/MM/DD)		Age 나이			
Country 국가		Citizenship 국적			
Contact Information 연락처 *Must be applicant's	<i>Address</i>				
	<i>Phone (Must start with the country code)</i>				
	<i>E-mail</i>				
Most Recently Attended University 최종학력	University Name 학교명		Location (City, Country) 소재국가/도시		
	Achieved or Expected Degree 학위	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	Major 전공		
	Degree Thesis Title 최종학위논문제목				

Language Abilities 어학능력	TOPIK Level	□1 □2 □3 □4 □5 □6			English Proficiency Test Scores 영어공인성적	Type	Score											
Published Papers (If available)																		
Awards (If available)																		
Choice of University/ Major 지원신청대학	University 대학	Division 계열			Department 학과	Major 세부전공												
※ 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	Period 기간	University/ Institution 학교명			Country 소재국	Major 전공분야		Degree 학위										
GPA* (ONLY for terms or semesters completed) 성적 (이수 학기만)	School Year	1 st year		2 nd year			3 rd year			4 th year			5 th year			Cumulative GPA 평균평점	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
Doctoral	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/		/ 100	
Employment or Professional Research Experience 직업 혹은 연구경력	Period		Institution/ Company				Position			Responsibilities								
Previous Visits to Korea 과거 한국 거주 또는 체류 사실	Period		Purpose of Stay				City or Region			Affiliated Organization								
Previously Received Scholarship Awards from Korean institutions 장학금 수혜	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.
- * Research Program applicants must to grades for their final degrees.

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)

- 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

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

FORM 4. Research Proposal

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
▣ Detailed Research Plan
▣ Research Methodology
▣ Expected Results of the Research
▣ 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.

Confidential

Name of Applicant: (Surname) _____ (Given Name) _____

Nationality: _____

Desired Program: Master's Doctoral Postdoctoral Professor Exchange

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 performance record, 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 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. Invitation 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: <input type="checkbox"/> Participation in our university's research project; <input type="checkbox"/> Support for coursework, as in auditing a course; <input type="checkbox"/> Personal research office <input type="checkbox"/> Access to the university's library <input type="checkbox"/> Financial support for attending academic conferences <input type="checkbox"/> On-campus accommodation <input type="checkbox"/> Other		
	2. University Support Details		

I hereby confirm that our university(institution) will invite the above person as a research program scholar under the Korean Government Scholarship Program.

Date: February 1, 2017

(Official Seal)

President University

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 2nd Selection with NIIED. The successful candidates of the 2nd 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	<input type="checkbox"/> Male <input type="checkbox"/> 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 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.)						
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?						