**2020-2021 KOREA-JAPAN JOINT HIGHER EDUCATION STUDENT EXCHANGE PROGRAM**

**FORM 1. Application Form**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name성명 | *Family Name 성* | *Given Name 이름* | Gender 성별 | Marital Status결혼여부 | Passport photo taken within the last 6 months최근 6개월 이내 촬영한 여권 사진 |
| [ ]  Male[ ]  Female | [ ]  Single[ ]  Married |
| *\*Please write your* ***full name*** *as indicated on your passport.*  |
| Date of Birth 생년월일(YYYY-MM-DD) |  | Age 나이 |  |
| Contact Information 연락처**\*Must be applicant’s** | *Address* |
| *Phone (Must start with the country code)*  |
| *E-mail* |
| Currently Enrolled University 재학 대학 | University Name 대학명 |  | Major 전공 |  |
| Current Year 현재 학년 | [ ]  1st [ ]  2nd[ ]  3rd [ ]  4th | Cumulative GPA\*(ONLY for terms or semesters completed)성적 (이수학기만) | / |
| University Address 대학 주소 |  |
| Language Abilities 어학능력 | TOPIK Level한국어능력시험성적 | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 | English Proficiency Test Scores공인영어성적 | *Type* | *Score* |
| Choice of University & Major 지원대학 | University 대학 | Division 계열 | Department 학과 | Major 전공 |
|  |  |  |  |
| 2020년(yyyy) 월(mm) 일(dd)Applicant's Name : (signature)  |

**FORM 2. Personal Statement & Study Plan**

*Please type in Korean or in English. The letter must be single spaced within TWO pages, with the font* ***Times New Roman****, size 11. (\*11 points)*

|  |  |
| --- | --- |
| **Personal Statement** | *o Motivations with which you apply for this program**o Any other aspects of your background and interests which may help us evaluate your aptitude and passion for study in Korea* |
|  |  |
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|  |  |
| --- | --- |
| **Goal of study &****Study Plan** |  *o Goal of study and detailed study plan* |
|  |  |
|  |
|  |

**FORM 3. Personal Medical Assessment**

***Attention!*** This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the 2nd round of selection, in accordance with the requirements of the Korea Immigration Service and Korea-Japan Joint Higher Education Student Exchange Program, applicants must get a comprehensive medical examination from a licensed physician or a doctor (including TBPE drug test etc.). If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 and 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? |  |  |  |

**FORM 4. Recommendation Letter**

**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.

Name of Applicant: (Surname) (Given Name)

Intended Major:

**To be completed by the recommender:**

*Your frank and candid evaluation of the applicant will be highly appreciated in the selection of Korea-Japan Joint Program Scholarship awardees and the admissions to a Korean university. We greatly appreciate your time and effort.*

**\*You may use your own recommendation letter template and attach your letter to this form. However, we hope to glean the following information of the applicant from your recommendation letter:**

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

- What are applicant’s capabilities, strengths, and weaknesses (in regards to academic achievement, passion and interest for intended major, future academic potential, integrity, responsibility, independence, creativity, adaptability, communication skills, and others)?

- 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 program.

Recommender’s Name

Recommender’s Signature Date

Position or Title: University (Institution):

Address:

 (zip-code: )

Email: Tel:

***\*After completing the recommendation letter, please printout or make 3 photocopies of the letter you wrote and sign all copies (1 original and 3 photocopied letters) respectively. Please enclose all 4 letters in an official envelope and sign across the back flap; the recommendation letters that are not signed will not be considered valid.*** Please return this form and your recommendation letters sealed in an envelope to the applicant. Thank you!