

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 : ☐ 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		

*If you are applying directly to KDI School, you must submit an online application additional to the above required documents.
(Online Application Submission: [http:// admissions.kdischool.ac.kr/](http://admissions.kdischool.ac.kr/))

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. 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	Gender 성별	Marital Status 결혼여부	Photo Size: 3cm x 4cm
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	
※ Write the passport name.					
Date of Birth 생년월일 (YYYY/MM/DD)		Age 나이			
Country 국가		Citizenship 국적			
Passport 여권정보	Number				
	Date of Issue Date of Expiry				
Contact Information 연락처 *Must be applicant's	Address				
	Phone (Must start with the country code)				
	E-mail				
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	Major 전공		
	Degree Thesis Title 최종학위논문제목				

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

*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. 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 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 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 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 (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?						