



Chungnam National University Inbound Exchange/Visiting Student Application

Program Overview

Global Scholarship Program (GSP)

GSP offers valuable opportunities for international students to have a better understanding of the Korean language and social customs through academic lectures. It is an ideal program for those who would like to broaden their perspective in Korean culture and life style. Benefits are exemptions from tuition fees and on-campus dormitory fees with a special stipend.

Internship Program (IP)

IP is for students from English speaking countries who want their career in an international relations field. Students will be working in the Office of International Affairs, CNU for about 5 months. Benefits are exemptions from tuition fees, free Intensive Korean language, and monthly stipend.

Regular Exchange Student Program

As an initiative to foster globalization efforts, CNU offers diverse forms of exchange programs. This program is contingent on the reciprocal agreement between the two schools. Benefits are exemptions from tuition fees, and free intensive Korean language class.

Summer Session for International Students (SSIS)

SSIS is a short term program for international students looking for opportunities to have academic courses and cultural activities. The primary purpose of SSIS is to offer academic credit-bearing courses: Korean Language and an English elective course. In addition, SSIS offers a variety of cultural activities/field trips once a week throughout the six to seven-week summer session.

Winter for International Learners & Leaders (WILL)

WILL is a short term program designed for international students who would like to learn Korean language and experience Korean culture at first hand. In addition, students will have opportunities to visit several research institutes in Daedeok Science Town.

Application Check-list

All Applicants	Others
<input type="checkbox"/> Application	<input type="checkbox"/> Resume (Internship)
<input type="checkbox"/> Certificate of Enrollment	<input type="checkbox"/> Language Proficiency Score (Exchange)*
<input type="checkbox"/> Official Transcript	
<input type="checkbox"/> Recommendation Letter	Financial Statement (or Bank Statement) (2016-2017)
<input type="checkbox"/> Passport Copy (in color)**	4,200,000KRW (4,200USD) for a semester
<input type="checkbox"/> One Photo***	8,400,000KRW (8,400USD) for a year
<input type="checkbox"/> Financial Statement****	1,500,000KRW (1,000USD) for a short-term program

After Admission

- Copy of Health Insurance (must cover overseas damage)
- Certificate of Health
- Arrival Form
- Inbound Participation Agreements (3 pages)

All documents (certificate of enrollment, transcript) must be official.

* TOEFL, IELTS, TOPIK, or others. If you don't have any of those, please contact your coordinator.

** Expiry date should remain at least one month after the last day of your applying program.

*** 3.5 x 4.5cm color photo of face, front view, on plain white background, taken with the past six months

**** Financial statement is to certify that you can afford study abroad expenses in Korea.

Note:



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Please TYPE in the form below and print out. Signature on page 3 should be signed by hand after printing. Then, scan the application and send to us. Or you can print out, write, scan, and send to us.

Program Application

GSP (Global Scholarship Program)
 Exchange (Regular Exchange)
 SSIS/WILL (Summer Program/Winter Program)
 Other* (IP, etc)

Length of Study
 Short term
 One semester
 Two semesters
 Longer

Year (____)
 Spring
 Summer
 Fall
 Winter
 From _____ to _____

Housing
 On campus
 Off campus

Meal Plan (on campus)
 Type 1 **
 Type 2
 Type 3
 Type 4

2 Meals (Mon-Fri) 2 Meals (Mon-Fri) 2 Meals (Mon-Fri) 2 Meals (Mon-Fri)

No meals (Weekends) 2 Meals (Weekends) 4 Meals (Weekends) 6 Meals (Weekends)

* Other: Visiting and other programs are included. (Please specify your program _____)

** GSP, SSIS, WILL participants can only select 'TYPE 1'.

Personal Information

(Name must be the same as written in your passport)

Family Name _____ Given Name _____ Middle Name _____

Gender
 Male
 Female
 Date of Birth _____
 (yyyy/mm/dd)

Passport No. _____ Country of Citizenship _____ Country of Birth _____

Mailing Address
 Street _____ City/Town _____ Province/State _____ Country _____ Postal Code _____

Telephone _____ Mobile _____
 (includes country and regional code)

Email _____

Emergency Contact Information

Name _____ Relation _____

Residency Address
 Street _____ City/Town _____ Province/State _____ Country _____ Postal Code _____

Telephone _____ Mobile _____
 (includes country and regional code)

Email _____

Current Academic Background

University _____ Status
 Undergraduate
 Graduate

Major _____ Year(semester) _____

GPA _____

Language Proficiency

	Native	Advanced	Intermediate	Low	None
Korean	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
English	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Other (____)	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Test _____ Score _____ Length of Study _____

If you have taken any language proficiency test, please write the name of the test, score and a length of study.

Previous Academic Background

List the most recent academic institution/school you attended.

Institution _____ Department _____

Location _____
 City _____ State _____ Country _____

Major _____

Date Attended _____ Degree Granted _____

Korean Language Course

This is only available for IP, GSP and regular exchange students.

Intensive Discounted fees (50%, 650,000won) are applied to GSP students, and free for regular exchange students and IP under certain conditions.

Free Evening Class This is subject to change without prior notice

None I will not take any Korean course.



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Statement of Purpose (500 words)





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Extracurricular or Professional Experience List one experience you consider most valuable.

Organization _____
 Period From _____ to _____
 Location _____
 City _____ Province/State _____ Country _____
 Position _____
 Duty _____
 Please describe responsibilities in detail _____

Home University Officer Approval

I hereby certify that this student has been officially nominated by our university to participate in the respective program at Chungnam National University.

Name _____ Position _____ Signature _____
 Mailing Address _____
 Street _____ City/Town _____ Province _____ Country _____ Postal Code _____
 Telephone _____

Release of Information

I authorize Chungnam National University to release personal and academic information concerning my application process, status, studies and participation at CNU to _____ (name) at _____ (home university).

Declaration

I certify that the information stated in this application is correct and other application documents submitted by mail or email are not forged. Should any of the documents be forged, CNU has the right to withdraw approval or terminate for my participation. I confirm that I (GSP and regular exchange student) must hold a student visa to study in Korea, and (all participants) will have necessary documents prepared in order to apply for the visa.

Name _____ Date(yyyy/mm/dd) _____ Signature _____

Contact Information

Asia LEE Sujin	sujinlee@cnu.ac.kr +82-42-821-7084	N. America, Oceania BAHNG Heedon	summersnow@cnu.ac.kr +82-42-821-5128
Europe, Other SO Won	wonny@cnu.ac.kr +82-42-821-7048	GSP, SSIS, WILL KIM Moonsu	moonsukim@cnu.ac.kr +82-42-821-8079



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Certificate of Health

Personal Information

Family Name _____ Given Name _____ Middle Name _____

Gender Male Female Date of Birth _____

1) Height _____ cm

2) Weight _____ kg

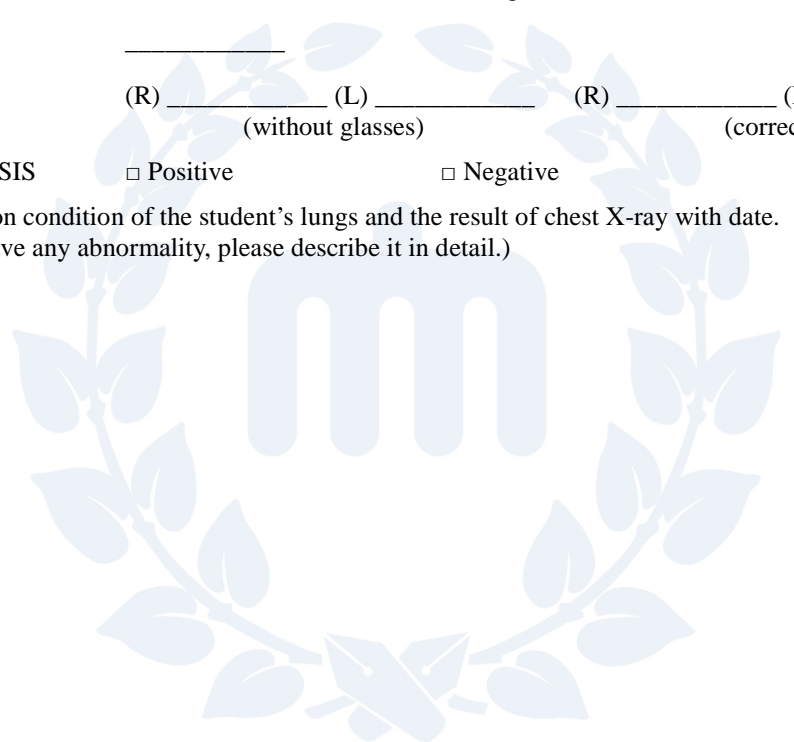
3) Blood Pressure _____ / _____ mmhg

4) Blood Type _____

5) Vision (R) _____ (L) _____ (R) _____ (L) _____
(without glasses) (corrected)

6) TUBERCULOSIS Positive Negative

Please comment on condition of the student's lungs and the result of chest X-ray with date.
(Should he/she have any abnormality, please describe it in detail.)



7) Overall Health and Physical Condition Good Fair Poor

Date of Examination _____ Name and the Title of Physician _____
(yyyy/mm/dd)

Signature or Stamp _____

Institution and Address _____