



## Chungnam National University

### Application for

### Global Scholarship Program, CNU-GSP

#### Instruction ;

- Please complete the form and submit all necessary materials listed in the application check list by regular post. Applications must be submitted by the international office of your university. Please refer to the brochure for application deadline.
- Please fill out the application and print legibly in BLOCK letters.

#### Application Check List : **all documents are mandatory and should be submitted in English**

- ❑ Application with one photo (3x4cm, plain background)
- ❑ Certificate of enrollment at home university
- ❑ Official transcript containing official records of all post-secondary work completed (original copy)
- ❑ Official language test score for English (TOEIC, iBT, IELTS) or for Korean (TOPIK)
  - \* Please, refer to the information of GSP for the official language condition.
- ❑ Passport copy (ID page only)
- ❑ Three Photos (3x4cm, plain background)

#### <After admission>

- ❑ Medical Certificate to prove that you do not have tuberculosis (Form2)
- ❑ The copy of Health Insurance
  - \* You have to submit the copies of those two documents by fax or email first and then original ones after arriving in Korea.

#### Contact Information

Contact Person	S. K. Ham (Sue)	
Contact Numbers	Tel) +82-42-821-5013	Fax) +82-42-821-5125
E-mail	hosannah@cnu.ackr	
Address	Office of International Affairs, Chungnam National University 220 Gung-dong, Yuseong-gu, Daejeon, Korea 305-764	
Homepage	<a href="http://cuint.cnu.ackr/">http://cuint.cnu.ackr/</a>	

## Personal Data

Last (Family) Name

First Name

Middle Name

Male  Female  
 Single  Married

Date of Birth (DD/MM/YYYY)

Country of Citizenship

Passport Number

Photo  
(3×4cm)

Address (Street #. Apt. #. Box #)

City or Town

Province or State

Country

Zip Code

Home Phone Number (Include Country Code)

Cell/Business Phone Number

E-Mail Address

### \* Emergency Contact Information

Name

Relation

Address (Street #. Apt. #. Box #)

City or Town

Province or State

Country

Zip Code

Home Phone Number (Include Country Code)

Cell/Business Phone Number

E-Mail Address

# Academics

## 1. Home University

University (Full Name)

Department

Location (City, State, Country)

Major

Degree granted/expected

Date Attended : From

To (expected)

## 2. Language Proficiency

	Excellent	Good	Fair	Poor	None
Korean					
English					
Other ( )					

## 3. Korean Language Courses

	Intensive	Regular	None
Please Tick One	( )	( )	( )
Cost	650,000 KW (50% of Regular Fee)	Free of Charge	

\* Intensive Korean Class (Optional) : 200 hours for 10 weeks, Mon.- Fri. (9am -10pm)

Fee may be changed to subject without prior notice.

\* Evening Korean Class (Optional) : 60 hours for 10 weeks, 3 times a week (7-9pm)

**4. Please provide a brief statement below describing your particular interests in CNU-GSP.**

**Required Signature by the Applicant**

I certify that all information submitted in the admission process including all supporting materials is my own work, factually true, and honestly presented.

Name

Signature  Date

**Chungnam National University  
International Student Program**

**Certificate of Health**

\* Please fill out and return the completed form to the Office of International Affairs, CNU, along with your application and other supporting materials.

**1. Name in full**  
(The name written should be the same as in your passport.)

\_\_\_\_\_ Family name      \_\_\_\_\_ First name      \_\_\_\_\_ Middle name

**2. Nationality**      \_\_\_\_\_

**3. Sex**       Male       Female

**4. Date of birth**  
19 \_\_\_\_\_ Year      \_\_\_\_\_ Month      \_\_\_\_\_ Day

1) Height : \_\_\_\_\_ cm      2) Weight : \_\_\_\_\_ kg

3) Blood Pressure : \_\_\_\_\_ / \_\_\_\_\_ mmhg

4) Vision : (Without Glasses) (R) \_\_\_\_\_ (L) \_\_\_\_\_ (Corrected) (R) \_\_\_\_\_ (L) \_\_\_\_\_

5) TUBERCULOSIS :  Positive       Negative

Please briefly comment on condition of the student lungs and the result of chest X-ray with date.  
(For any abnormality, please describe in detail.)

6) Overall health and physical condition : (Please check)

Good       Fair       Poor

Date of Examination

\_\_\_\_\_ Year      \_\_\_\_\_ Month      \_\_\_\_\_ Day      Name and Title of Physician : \_\_\_\_\_

Signature or Stamp : \_\_\_\_\_

Institution and Address : \_\_\_\_\_

\_\_\_\_\_