



# CNU Inbound Exchange/Visiting Student Application

## Program Overview

### Global Scholarship Program

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.

### 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

Summer Session for International Students 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 1 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.

### Application Check-list

GSP/Regular Exchange	SSIS	Other (_____)
<input type="checkbox"/> Application	<input type="checkbox"/> Application	<input type="checkbox"/> Application
<input type="checkbox"/> Certificate of Enrollment	<input type="checkbox"/> Certificate of Enrollment	<input type="checkbox"/> Certificate of Enrollment
<input type="checkbox"/> Official Transcript	<input type="checkbox"/> Official Transcript	<input type="checkbox"/> Official Transcript
<input type="checkbox"/> Recommendation Letter	<input type="checkbox"/> Recommendation Letter	<input type="checkbox"/> Passport Copy**
<input type="checkbox"/> Language Proficiency Score*	<input type="checkbox"/> (from the international office)	#Visiting students are required to
<input type="checkbox"/> Passport Copy**	<input type="checkbox"/> Passport Copy**	have different documentation
<input type="checkbox"/> Three Photos***		depending on programs.
		Please contact your coordinator.

### 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.

\*\*\* 3x4cm plain white background. These will be used to register and issue an alien registration card.

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 Student)     
  SSIS (Summer Session for International Students)     
  Other\*

Length of Study     Short term       One semester       Two semesters       Longer  
 Year (\_\_\_\_\_)     Spring       Summer       Fall      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.

## 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 \_\_\_\_\_  
 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 GSP and regular exchange students

Intensive      Discounted fees (50%, 650,000won) are applied to GSP students, and free for regular exchange students 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 (150-250 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 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

## 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, SAP 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 \_\_\_\_\_