Form 1

For CNU office USE only
#

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 by hand and print legibly in BLOCK letters

Application Check List :

- ☐ Application with one photo (3 x 4 cm, plain background)
- ☐ Certificate of enrollment at home university
- ☐ Official Transcnpt containing official records of all post - secondary work completed (original copy)
- ☐ Official Test Score (e.g. TOEFL, TOEIC, TOPIK) - Optional
- ☐ Passport copy (ID page only)
- ☐ Four Photos (3 x 4 cm, plain background)
- ☐ Medical Certificate to prove that you don't have tuberculosis (Form 2)
  * You may bring the health certificate when you come to Korea.
- ☐ Other supporting materials - Optional

* Contact Information

Contact Person	Ms. LEE, Mi-kyung, Program Administrator
Contact Numbers	Tel) +82-42-821-5128, 5103 Fax) 82-42-821-5125
E-mail	hsaron2@cnu.ac.kr
Addresss	Office of International Affairs, Chungnam National University 220 Gung Dong, Yuseong Gu, Daejeon, Korea 305-764
Homepage	http://cnuint.cnu.ac.kr/

Personal Data

Last (Family) Name | First Name

Middle Name

○ Male ○ Female
○ Single ○ Married

Photo
(3×4cm)

Date of Birth (DD/MM/YYYY)

Country of Citizenship

Passport Number

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

City or Town | Province or State

Country | Zip Code

Home Phone Number (Include Country Code)

Cell/Businnes 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/Businnes 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	Regualar	None
Please Tick One	( )	( )	( )
Cost	650,000 KW (50% of Regualar Fee)	Free of Charge	

* Intensive Korean Class (Optional) : 200 hours for 10 weeks, Mon.-Fri (9am-1pm)

* 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 supporing materials is my own work, factually true, and honestly presented.

Name

Signiture

Date

Form 2

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 applciation 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** **4. Date of birth**

_____ ☐ Male ☐ Female 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 coment 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 ☐ Foor

Date of Examination

_____ _____ _____

Year Month Day

Name and Title of Physician : _____

Signiture or Stamp : _____

Institution and Address :

_____