**INCOMING STUDENT EXCHANGE APPLICATION FORM**

**〖CHONNAM NATIONAL UNIVERSITY〗**

**(Use this sheet as the cover of your application)**

Photo (3\*4cm)

Taken within 6 months,

Full front face, Expose your ears with

white background

Date: (Month) (Day) (Year)

Name of Applicant:

 (Last Name) (First Name) (Middle Name)

Name in your passport:

Home University:

All incoming international students are required to fill out the CNU application form. This application should be sent as a complete package containing all the following required documents through the office for student exchange program at the applicant’s home university.

Please attach all required documents to your printed application form, make it one “scanned” copy (in colors), and send it to your coordinator of CNU “by email” before the deadline. The scanned file should be sent through the office for student exchange program by the applicant’s home university. ***The applications are not necessary to be sent by post. Scanned file of it is okay with us to speed up the issuance of documents for visa.***

|  |  |
| --- | --- |
| ***Application Deadlines*** | • for Fall Semester: **May 31st** • for Spring Semester: **November 30th** |
| ***Contact details of exchange coordinators*** | Asia: China: Europe/Africa: Japan:US/Canada/Australia:  | Ms. CHO Youngran Mr. SHIN Juhyun Ms. LIM Yeonhee Ms. PARK Eunjee Ms. KANG Shinhye  | yrcho@chonnam.ac.kraini77@chonnam.ac.krbecomingy@chonnam.ac.kreunjee@chonnam.ac.krshannon@chonnam.ac.kr |

(Required documents)

1. **Application form** (Sheet #1-5) Printed form after filling them out (to by typewritten)
- *A passport type, head shot picture with a white background showing your ears* is
required for international safety and identification purposes.
- A hand-written signature is required at the bottom of the medical self-assessment.

- The type-written essay should be a minimum length of 500 words and a maximum of 800.

1. **Official Transcript** of Records “in English” (issued by the applicant’s home institution)
2. One (1) **Letter of Recommendation**
* Preferably from a professor
* Invalid if recommendations are made by family members or friends
1. One (1) Copy of the photo page of the **student’s passport**
2. A confirmation of **English language skills** (language certificate or confirmation from home institution)

*To be typewritten*

**SECTION ONE – PERSONAL INFORMATION**

**A1. Name** (Indicate the full legal name that will appear in your passport) **:** ▢ Male ▢ Female

Name in English:

 (Family) (First) (Middle)

Name in Chinese Character:

**A2. Nationality :** :

**A3. Marital Status :** ▢ Married ▢ Single

**B1. Present address :**

**Mobile**: **Phone (home)**: **E-mail**:

**B2. Emergency Contact ( ▣ Full name**: **Relationship**: **)**

**Address**:

**Mobile**: **Phone (home)**: **E-mail**:

**C1. Occupation or work experiences (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** | **Location**(City, Country) | **From**(MM/DD/YYYY) | **To**(MM/DD/YYYY) |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |

**C2. Passport & visa information**

Passport Number : Issuing authority :

Date of issue (MM/DD/YYYY) : Date of expiration (MM/DD/YYYY) :

*To be typewritten*

**SECTION TWO – ACADEMIC INFORMATION**

**A1. Application category**: Undergraduate Studies Program (Academic year 2014/2015)

 Graduate Studies Program (Academic year 2014/2015)

**A2. Study period in CNU**: **One-year** from September 2014 through June 2015 (Spring-Fall

 \_\_\_ One-semester from September through December 2014 (**Fall only**)

 \_\_\_ One-semester from March through June 2015 (**Spring only**)

**A3. School (of CNU) to which you are applying**: School / Graduate School of

Department of

**A4. Name of prospective academic supervisor (if any)**:

**B1. Home institution**:

**B2. Which year you are in**: ▢ 1st year ▢ 2nd year ▢ 3rd year ▢ 4th year **(GPA: out of )**

**B3. Educational Qualifications**

*\*Please provide details of all formal studies that you have completed and those that you are currently undertaking in chronological order.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Institution**(Secondary, Post-Secondary,and University) | **Location**(City, Country) | **From**(MM/DD/YYYY) | **To**(MM/DD/YYYY) |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |
| (4) |  |  |  |

Describe any academic honors, awards, publications you have achieved or scholarships you have received.

:

**B4. Language Proficiency (Korean, English, and other languages)**

*\*Please give your own assessment of your Korean proficiency.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **None** | **Beginner** | **Intermediate** | **Advanced** |
| KOREAN |  |  |  |  |
| ENGLISH |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*To be typewritten*

**B5. Academic Objectives and Study Plan at Chonnam National University**

**\****Please write in either English or Korean. For those who major in Korean Language, this form should be written in Korean.*

“I certify that all the information provided on this form and in the accompanying documents is complete and accurate to the best of my knowledge, and, if admitted, I agree to comply with the rules and regulations of Chonnam National University.”

Applicant’s Name:

Signature: Date: / /

 (MM) (DD) (YYYY)

*To be typewritten*

**SECTION THREE – SELF MEDICAL CHECK-UP**

|  |
| --- |
| 1. **Have you ever used any type of mind-altering substances?**

▢ Yes ▢ NoIf yes, please explain.  |
| 1. **Do you have any allergy?**

▢ Yes ▢ NoIf yes, please explain. |
| 1. **Are you taking any prescribed medications?**

▢ Yes ▢ NoIf yes, please explain. |
| 1. **Are you on a particular diet?**

▢ Yes ▢ NoIf yes, please explain in detail. |
| 1. **Have you ever used any type of mind-altering substances?**

▢ Yes ▢ NoIf yes, please explain. |

“I certify that all the information provided on this form and in the accompanying documents is complete and accurate to the best of my knowledge, and, if admitted, I agree to comply with the rules and regulations of Chonnam National University.”

Applicant’s Name:

Signature: Date: / /

 (MM) (DD) (YYYY)