**FORM 1. Application Form**

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| --- |
| REGISTRATION NUMBER |
|  |
| \*Do not write in this area. |

**Application Checklist**

**지원자 제출서류 체크리스트**

**1. 이름 Name of Applicant**

|  |  |
| --- | --- |
| **성/Family name/Last name** | **이름/Given/First name** |
|  |  |

**2. 국적 및 현재 거주지 Nationality and Current Residence**

|  |  |
| --- | --- |
| **국적 Citizenship** | **현재 거주지 Current Residence** |
|  | □ Republic of Korea □ Abroad |

**3. 지원 학위 Desired Degree Program**: □ Master’s □ Doctoral □ Integrated Master & PhD

**4. 제출서류 체크리스트 Application Checklist**

Please check 🗹 in the appropriate box.

|  |  |
| --- | --- |
| Application Documents Check List | **Submission** |
| **Y** | **N** |
| 1. Application **[Form 1], [Form 2], [Form 3]** 입학 지원서 |  |  |
| 2. Certificate of (expected) Bachelor’s Degree 학사 졸업(예정) 증명서 |  |  |
| 3. Certificate of (expected) Master’s Degree 석사 졸업(예정) 증명서 |  |  |
| 4. Official Academic Transcript, Bachelor’s Program 학사 성적증명서 |  |  |
| 5. Official Academic Transcript, Master’s Program 석사 성적증명서 |  |  |
| 6. Recommendation Letter from a supervising Professor **[Form 4]** 추천서 |  |  |
| 7. A copy of Passport 여권사본 |  |  |
| 8. Proof of Bank Balance issued by a bank 은행잔고증명서 |  |  |
| 9. Official Language Test Report 공인어학성적표 |  |  |
| 10. Birth Certificate or Family Register 가족관계증명서 |  |  |
| 11. ID photo 증명사진 |  |  |
| 12. Copy of Alien Registration Card 외국인등록증 사본 |  |  |
| 13. Resume **[Form 5]** 이력서 |  |  |
| 14. Research Products 연구실적 |  |  |

🖂Submit all documents by registered post or in person. International express (ex. DHL) is strongly recommended.

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| --- |
| Global Engagement CenterAdministration Annex (Room 5203), Hallym University1 Hallymdaehak-gil, Chuncheon, Gangwon-do, Republic of Korea (postal code: 24252)+82. 33. 248. 1345 iao88@hallym.ac.kr |

**Hallym University Application for Admission**

• Please type (by computer) in Korean or English and print clearly. 한국어 또는 영어로 작성 후 출력

**Admissions Type**

**•** Check the appropriate box and indicate your desired program of study. 지원하고자 하는 학위를 선택해 주세요.

󰋫 Master’s Program 석사 󰋫 Combined Master’s/Doctoral Program 석⬝박사통합 󰋫 Doctoral Program 박사

󰋫 Department (Major) 전공: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

English Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family / Last (姓) First (名) Middle (if any)

Passport Number 여권번호/ Resident Registration Number 주민등록번호: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality 국적: Place of Birth 출생지:

Gender: 󰋫 Mr. 󰋫 Ms. Marital Status 결혼여부: 󰋫 Single 미혼 󰋫 Married 결혼

Date of Birth (DD/MM/YY) 생년월일 (일/월/년): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address 주소: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code 우편번호: \_\_\_\_\_\_\_\_\_\_\_\_ Country, City 국가, 도시 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** I’m interested in staying on campus (dormitory) 기숙사 입사를 희망합니다** : 󰋫 Y, 󰋫 N

**** Language proficiency (Submission of proof document is required) 어학능력:

󰋫 TOPIK **( )** 󰋫 TOEFL **( )** 󰋫 IELTS **( )**

**Family Information 가족정보**

** Father 아버지**

Full Name 이름: Nationality 국적:

Date of Birth(DD/MM/YY) 생년월일 (일/월/년):

Resident Registration No./Passport No. 여권번호/주민등록번호: /

** Mother 어머니**

Full Name 이름: Nationality 국적:

Date of Birth(DD/MM/YY) 생년월일 (일/월/년):

Resident Registration No./Passport No. 여권번호/주민등록번호:

**Pledge 서약**

1. As a student of the Hallym University graduate school, I pledge to abide by the following rules;

본인은 한림대학교 대학원생으로서 다음 사항을 준수할 것을 서약합니다.

(1) To refrain from violation of university regulations, and to fulfill my obligations as a student to the best of my ability.

 학칙위반을 삼가하고 학생으로서의 의무에 최선을 다한다

(2) To behave in a manner appropriate to the Korean culture and society. 한국의 문화와 사회에 적절하게 행동한다.

(3) To accept responsibility for paying any debts incurred in Korea. 한국에서 발생한 채무에 대한 책임을 진다.

(4) To abide by all of the terms and regulations set by Hallym university. 한림대학교가 규정하는 모든 약관을 준수합니다.

(5) To agree to the use of my personal information (name, contact number, institutions I belong to, etc.) when it is needed for the operation of the program or upon the request of other governmental institutions. 다른 정부기관의 요청 혹은 프로그램 운영을 위해 필요한 경우에 내 개인 정보(이름, 연락처, 소속기관 등)의 사용에 동의합니다.

2. If I am proved to have violated any of the above articles, to have made a false statement in my application documents or to have failed to comply with academic standards or the rules of university or research institute, I shall accept the decision of Hallym university, even though it may include the suspension or revocation of the scholarship. 위의 각 호에 해당하는 사항을 위반하였거나, 지원서에 허위로 기재한 내용, 학력기준 또는 대학 및 연구기관의 규정을 따르지 않은 사실이 판명될 경우, 장학금 정지 또는 취소가 결정되더라도 한림대학교의 결정을 수용할 것입니다.

**Agreement of Collecting and Utilizing Personal Information 개인정보 수집 및 이용 동의**

**1. Purpose of Personal Information Collection and Usage 개인정보 수집 및 이용 목적**

- To process registration for university admission 대학입학 등록 처리를 위해

- Administration purposes, and to provide information regarding campus life after successful admission

행정목적 및 입학 후 학교생활에 관련된 정보제공을 위해

**2. Items to be collected**: Full Name, Gender, Country of Birth, Citizenship, Passport No., Date of Birth, Alien Registration No., Contact Information (Address, Tel, Email), Contact information in case of emergency (Home country’ Tel., email, relationship, domestic’s Tel., email, relationship), Education (course, university name, major, period, degree, GPA)

**수집항목**: 성명, 성별, 생년월일, 국적, 여권번호, 생년월일, 외국인등록번호, 연락처(주소, 전화번호, 이메일), 비상시 연락처(전화, 이메일, 가족관계, 현지전화, 이메일), 학력(학위과정, 대학명, 전공, 기간, 학위, 평점)

**3. Period to Retain and Use**: Personal information of users is to be retained for 5 years and destroyed afterwards in accordance with the Personal Information Protection Act. **보유 및 이용기간**: 이용자의 개인정보는 개인정보보호법에 따라 5년간 보유 후 파기합니다.

|  |
| --- |
| **Do you agree with Agreement on Collection and Usage of Private Information? □ Yes □ No** **개인정보 수집 및 이용에 동의하십니까?** |

We collect personal identification, such as alien registration number and passport number to process registration for university admission in accordance with Article 73 of the higher Education Act.

고등교육법 제73조에 의거, 대학입시 등록을 위하여 외국인등록번호, 여권번호 등 개인식별정보를 수집합니다.

|  |
| --- |
| **Do you agree with Agreement on Provision of Private Information? □ Yes □ No****개인정보 제공에 동의하십니까?** |

The process can commence only when consent is granted. 절차는 지원자의 동의가 승인된 경우에만 진행될 수 있습니다.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Signature 싸인 Date (DD/MM/YY) 날짜

**Academic Information 학위정보**

※ In chronological order, list the names and complete addresses (including zip code) of all the schools and institutions that you’ve attended. Indicate the (expected) Graduation date or the Last date of Attendance for the current school. 다닌 모든 학교 및 기관에 대한 이름과 주소(우편번호 포함)를 시간 순으로 적어주세요. 현재 학교의(예상)졸업 날짜 또는 마지막 출석일을 표시합니다.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Dates Attended 입학일(Expected) Graduation or Last Date of Attendance 졸업(예정)일 | Name of School/Univ. 학교이름 | School Location학교 위치 | CGPA(only 4.0 or 100) |
| Undergraduate학부 | From: DD/MM/YYTo: DD/MM/YY※Specify the dates of beginning and ending. | (Major: ) |  |  |
| Graduate대학원 | From: DD/MM/YYTo: DD/MM/YY※Specify the dates of beginning and ending. | (Major: ) |  |  |

I declare that the information contained in this application is complete, accurate and true. I understand that any untrue, misleading or omitted information may result in my disqualification from further consideration for admission and may cause the rescinding of admission, or discipline, dismissal, revocation of degree if discovered later. I agree to abide by the rules and regulations in the Admission Guide for International Students and will take full responsibility for any problems arising from failing to adhere to the same.

본인은 이 신청서에 포함된 정보가 정확하며 사실임을 선언합니다. 사실이 아니거나 오해의 소지, 누락된 정보가 있을 경우 추가 입학 고려대상에서 제외될 수 있으며 나중에 발견될 경우 입학이 취소되거나 징계, 제적, 학위 취소가 될 수 있음을 이해합니다. 본인은 유학생 입학안내서의 규칙과 규정 준수를 동의하며 이를 준수하지 않아 발생하는 모든 문제에 대한 책임은 모두 본인에게 있습니다.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Signature Date (DD/MM/YY)

**FORM 2. Study Plan 학업계획서**

*Please type in Korean or in English. The statement of purpose must be single spaced with no more than TWO pages, with the font* ***Times New Roman****, size 10. (\*10 points) 한국어 또는 영어로 입력. 2페이지 이내, 글꼴 Times New Roman, 글씨크기 10*

|  |  |
| --- | --- |
| Goal of study &Study Plan |  *o Goal of study, title or subject of research, and detailed study plan* |
|  |  |
|  |
| Future Planafter Study |  *o Future plan in Korea or another country after study in Korea* |
|  |  |
|  |

 **FORM 3. Letter of Consent 동의서**

**※ Please fill out this form in English or Korean 한국어 혹은 영어로 작성**

|  |  |  |  |
| --- | --- | --- | --- |
| Chinese Only |  | Desired Department |   |
| Desired Major |   |
| **SECTION 2 Academic Information** |
| Name of Institution Graduated |   | Type of Degree |   |
| Address of Institution Graduated |   |
| Department |   | Major |   |
| Date of (Expected) Graduation |  (Month / Day / Year) |
| Period of Attendance |  From to | Number of Registered Semesters |   |
| Website of Institution Graduated |   |
| **SECTION 3 Institution Information to Request for the Release of Academic Information** |
| Department to request for Release of Academic Information |   |
| Name of the person in charge for Release of Academic Information |   |
| Phone/Fax No. of the person in charge for Release of Academic Information |   |
| E-mail Address of the person in charge for Release of Academic Information |   |

|  |
| --- |
| By making application for admission to Hallym University, I hereby authorize administrator or other persons to confer with others to obtain and verify my credentials and qualifications as a provider. 한림대학교에 지원함으로써, 본인의 학력 사항과 자격을 행정원 또는 타인이 확인할 수 있는 권한을 부여합니다.I release any and all liability from all organizations or individuals who act in good faith and without malice to provide the above information. 본인은 위의 정보를 제공하기 위해 선의로 행동하는 모든 조직 혹은 개인의 책임을 면제합니다.I consent to the release by any person to other institutions of all information that may be relevant to an evaluation of my credentials and qualifications and hereby release any such person providing such information of any and all liability. 본인의자격증명 및 평가와 관련될 수 있는 정보를 다른 기관에 공개하는 것에 동의하며 그 정보를 제공한 사람들의 책임을 면제합니다. |
| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |