

Application Form for Admission and Transfer for Overseas Koreans and Foreigners

※ Korean citizens residing in Korea may not use this form.

Year				Photo (within 3 months) 3x4cm or passport photo		
Application Number						
Graduate School						
Course		Master's / Doctorate				
Qualifications		Overseas Koreans and Foreigners				
		General ()			Inter Disciplinary Cooperation ()	
Department				Major		
Name	Korean	※ write in Korean as pronounced.		Nationality		
	Chinese Character	※ Applicants from countries where chinese characters are not used should leave this blank.		Alien Registration Number	※ In the absence of alien registration number, write date, month and year of birth.	
	English	※ Should be written in the order of Family name, name		Phone	Home	
					Mobile	
Present Address		Zip Code:				
E-mail						
Schools Attended	Name of the School	Department (Major)	Period (From – To)	Graduation (Expected) date	Registration No. of Degree	
Bachelor's Degree						
Master's Degree						
Overseas School ※ Applicable to those whose final education was at overseas universities.	Address					
	Tel			Fax		
	Name of the Department in charge of Academic Record				E-mail Address Of the person in charge	
Guarantor	Affiliates				Name	(Sign)
	※ Should be left blank unless the applicant's character and education is vouched for by a full-time professor at this University.					

I hereby apply to your graduate school (for admission or transfer) with the documents required.

Applicant:

(Sign)

Fee	₩
Confirmation	

To the Dean of Graduate School of Sun Moon University

Personal Statement

Year		Application Number	
Name		Course applied	
Department applied		Major applied	

Plan for Study

Year		Application Number	
Name		Course applied	
Department applied		Major applied	

※ Describe your plan for study after admission in terms of the following three areas. (English is acceptable)

1. Reason for Study and Goals
2. Research Plan for Future
3. Others

Recommendation Form

※ The recommending professors should be head professor of the department applied.

Year		Application Number			
Name		Course applied			
Department applied		Major applied			
1. The following should be filled by the applicant and attested to and signed by the recommending professor.					
Names of major courses taken in relation to the course applied.	Year taken / Semester	Grade	Remarks		
2. Place √ in the appropriate box.					
Evaluation Areas	Excellent	Good	Average	Deficient	Very deficient
Command of Korean					
Ability to Study Major					
Academic Zeal and Diligence					
Creativity					
Human Relations					
3. What is the likelihood of academic achievement after admission?					
<input type="checkbox"/> Fairly high <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Impossible					
4. English track (This only applies to departments with an English track.)					
<input type="checkbox"/> Yes (Courses are conducted in English. Students applying to a department with an English track must submit an English aptitude test for admission.)					
<input type="checkbox"/> No (Applicants must have passed at least TOPIK level 3.)					
5. Please describe other points of interest.					
I hereby recommend the applicant as above.					
Date(MM.DD.YY): . .					
Head Professor: _____ (Sign)					

To The Dean of the Graduate School of Sun Moon University

Signed Consent Form

By signing this form, I give my permission for the release of my degree/enrollment records. I hereby authorize you to provide full assistance to SUN MOON University when SUN MOON University requests to verify my records.

Please indicate accuracy of the information on the left box. If necessary, include corrections/notes.

• Applicant's Information

Completed by the applicant			Verification (To be completed by the institution)	
Name	Given		<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
	Family		<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Date of birth (MM-DD-YYYY)			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Student ID No.			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Date of admission (transfer date from other institution)			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Date of graduation			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Degree in (major)			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Degree		<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph. D	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Title of thesis			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Date of Degree Conferment(registered)			<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
Applicant's signature: _____ Date(MM.DD.YYYY): . . .			Additional comments(if any)	

• Respondent's Information

Name of organizaion			
Address			
Telephone		Fax	
E-mail			

Date(MM.DD.YY): . . .

Name and title of position: _____ (Sign)



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