

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

Resume

| | | | |
|---|--------------------------|--|--|
| Year | | Application Number | |
| Name | | Course applied | |
| Department applied | | Major applied | |
| Date of birth (MM-DD-YY) | | Nationality | |
| Academic Record | Name of the School | Department (Major) | Period (From – To) Scores Venue |
| Bachelor's Degree | | | /100 |
| Master's Degree | | | /100 |
| Experience | Organization or Business | Period (From – To) | Position or Rank Remarks (Headquarters etc.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Research Activities | Year of Publication | Name of Thesis and Publications (other research activities) Publishers | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| I hereby attest to the veracity of the above. | | | |
| Date(MM.DD.YY): . . | | | |
| Applicant | | (Sign) | |

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?
☐ Fairly high ☐ High ☐ Average ☐ Low ☐ Impossible

4. English track (This only applies to departments with an English track.)
☐ **Yes** (Courses are conducted in English.
 Students applying to a department with an English track must submit an English aptitude test for admission.)
☐ **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)



SUN MOON UNIVERSITY Graduate School

#70, Sunmoon-ro 221 beon-gil, Tangjeong-myeon, Asan-si, Chungnam, 31460, KOREA(ROK)

TEL:82-41-530-2604, FAX:82-41-530-2968