**<2024년 1학기 GKS 우수교환학생 지원사업 장학생 지원자용>**

**지 원 서(Application)**

1. **Information of the Applicant 지원자 정보**

|  |  |  |
| --- | --- | --- |
| Full Name성명 | *\*Please write your* ***full name*** *as indicated on your passport or official documents* | PhotoSize: 3cm x 4cm증명사진 |
| Date of Birth 생년월일 | (YYYY-MM-DD)e.g., 1990-03-27 |
| Country of Citizenship 국적 국가 | ※ Korean Citizenship [ ]  Yes [ ]  No |
| Contact Information지원자 본인 연락처\*Must be applicant’s | *Address* |
| *Phone (start with the country code)*  |
| *E-mail* |

1. **Academic Background 학력 정보**

|  |  |  |
| --- | --- | --- |
| CurrentlyEnrolledUniversity소속대학 | University Name 학교명 |  |
| Location (Country) 소재국 | e.g., city name(country name) |
| Major 전공 |  |
| Semester 학기 | *(Currently enrolled semester/Total semester)* e.g., 3rd/8 semesters |
| Applying University(in Korea)한국 수학대학  | University Name 학교명 |  |
| Major 전공 |  |

1. **Previous Visits to Korea or Currently Residing in Korea (if any) 한국 방문 혹은 체류 정보(해당자만 기재)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period방문/체류 기간 | Purpose of Stay방문/체류 목적 | City of Region도시/지역 | Affiliated Organization (if any)방문/체류 기관(해당자만) | Visa Type비자 종류 |
| e.g., 2019.July~August | e.g., exchange student | e.g., Seoul | e.g., GKS University | e.g., D-4 |

1. **Previously Received Scholarship from Korean Government or Institutions (if any) 한국 장학금 수혜사실(해당자만)**

|  |  |  |
| --- | --- | --- |
| Period 수혜 기간 | Name of the Scholarship 장학금 이름 | Sponsor 지원 기관 |
|  | e.g., GKS Non-degree program for foreign exchange students | e.g., NIIED |

1. **Language Abilities(if any) 어학 능력(해당자만)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TOPIK Level한국어능력시험 성적 | [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 급 | English Proficiency Test Scores영어공인시험 성적 | [ ]  TOEIC | e.g., 850 |
| Test Held/Test Date (회차/시험일) | [ ]  TOEFL |  |
| e.g., 78th, 2021-10-16 | [ ]  IELTS |  |

※ Only valid certificate will be acknowledged.

THE ANSWERS I HAVE GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF MY ANSWERS CONTAIN ANY KIND OF FALSEHOOD, I WILL TAKE ANY LEGAL RESPONSIBILITY.

Date (yyyy-mm-dd) Applicant’s Full Name Signature