For CNU office USE only

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#### \* Instruction:

- Please complete the form and submit all necessary materials listed in the application check list by regular post. Applications must be submitted by the international office of your university. Please refer to the brochure for application deadline.
- Please fill out the application by hand and print legibly in BLOCK letters

## Application Check List:

Application with one photo (3 x 4 cm, plain background)
Certificate of enrollment at home university
Official Transcnpt containing official records of all post - secondary work completed (original copy)
Official Test Score (e.g. TOEFL, TOEIC, TOPIK) - Optional
Passport copy (ID page only)
Four Photos (3 x 4 cm, plain background)
Medical Certificate to prove that you don't have tuberculosis (Form 2)  * You may bring the health certificate when you come to Korea.
Other supporting materials - Optional

### \* Contact Information

Contact Person Ms. LEE, Mi-kyung, Program Administrator

Contact Numbers Tel) +82-42-821-5128, 5103 Fax) 82-42-821-5125

E-mail hsaron2@cnu.ac.kr

Addresss Office of International Affairs, Chungnam National University

220 Gung Dong, Yuseong Gu, Daejeon, Korea 305-764

Homepage http://cnuint.cnu.ac.kr/

Pe	ersonal Data	
Last (Family) Name	First Name	
Middle Name	OMale OFemale OSingle OMarried	Photo
Date of Birth (DD/MM/YYYY)	Osingic Omanica	(3×4cm)
Country of Citizenship		
Passport Number		
Address (Street #. Apt. #. Box #)		
City or Town	Province or State	
Country	Zip Code	
Home Phone Number (Include Country Code)		
Cell/Businnes Phone Number		
E-Mail Address		
* Emergency Contact Information		
Name	Relation	
Address (Street #. Apt #. Box #)		
City or Town	Province or State	
Country	Zip Code	
Home Phone Number (Include Country Code)		
Cell/Businnes Phone Number		
E-Mail Address		
		Page2

Home University University (Full Name) Department Location (City, State, Company) Date Attended: From Language Proficie Korean	Country)	Good	Degree granted/ex To (expec	cted)		
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I certify that a	I information submitted in the adr	mission process includ	ng all supporing

# Chungnam National University International Student Program

## **Certificate of Health**

\* Please fill out and return the completed form to the Office of International Affairs, CNU, along with your application and other supporting materials.

Family name	First name	Middle name
2. Nationality	3. Sex	4. Date of birth
	□ Male □ Femal	ile 19
		Year Month Day
1) Height :	cm 2) Weight :	:kg
3) Blood Pressure :	/mm	nhg
4) Vision : (Without Glasse	es) (R)(L)	(Corrected) (R) (L)
5) TUBERCULOSIS : □ Posi	tive □Negative	
Please briefly coment on (For any abnormality, ple	_	d the result of chest X-ray with date.
	sical condition: (Please check)	
6) Overall health and phys	□Fair	□Foor
	□ Fair	□Foor
□Good		□ Foor f Physician :