

* Please complete the form and submit all necessary materials by e-mail, regular mail or fax. The application deadline is **April 20, 2012.**

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- ☐ Certificate of Enrollment
- □ Transcript

After Admission Notification (May 18, 2012)

| П | Medical | Certificate in | cluding pro | of of no Tube | erculosis (CNU For | rm |
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☐ Proof of Health / Medical Insurance (Required)

** Contact Information

Address Office of International Affairs

Chungnam National University

99 Daehak-ro(St), Yuseong-gu, Daejeon, Korea 305-764

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FAX) 82-42-821-5125

E-mail hsaron2@cnu.ac.kr

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

* Please print legibly.

Personal Data

| Last (Family) Name | | First Name | |
|--|---------|-----------------------------|------------------------------------|
| Date of Birth (DD/MM/YY) | | | ☐ Male ☐ Female ☐ Single ☐ Married |
| Country of Citizenship | | Passport No | |
| Address | | | |
| Home Phone No (Include Country Code) | | Cell / Business Phone No | |
| E-mail Address | | | |
| Emergency Contact Info | rmation | | |
| Name | | Relationship | |
| Home Phone No (Include Country Code) | | Cell / Business Phone No | |
| E-mail Address | | | |
| | | | |

| Academic Background

| Name of Institution | | | | |
|-----------------------|---------|--|------------------------|---|
| Department (or Major) | | | Year in School | |
| Cumulative GPA | | | | |
| Language Proficiency | Korean | n □None □ Beginner □ Intermediate □ Advanced | | |
| | English | □ Beginner □ Intermediate □ Advanced | | |
| | Other | (Which language: ☐ Beginner ☐ Interme |) ediate □ Advanced | d |

| Please provide a brief statement below describing yourself and your particular interests in CNU-ISS. | |
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| I certify that all information submitted in the admission process including all supporting materials is my own work, factually true, and honestly presented. | |
| Name | |
| Date Signature | |