**APPLICANT AGREEMENT**

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| As an applicant for ***the MOU-UNKS North Korean Studies Scholarship***, I agree to abide by the following;*※ Please read each article, check each box and sign below.*1. The information I have provided in this application forms are true and accurate and all documents I submitted are genuine. [ ]
2. I understand that all the documents submitted for this scholarship will not be returned regardless of the final outcome of the selection process. [ ]
3. I will abide by all the Korean laws and ordinances. [ ]
4. I will respect and uphold the values of the Korean culture and society. [ ]
5. I will not participate in any form of political activities (such as organizing or joining a political party, attending political meetings, publishing articles and declarations, and organizing or participating in political demonstrations). [ ]
6. I will maintain financial integrity at a personal level. [ ]
7. I accept MOU-UNKS’s decision concerning graduate degree, research program and the Korean language program. [ ]
8. I will abide by the academic regulations and requirements of MOU-UNKS. [ ]
9. I understand that if I have any dependents that will accompany me to Korea, I am responsible for all matters concerning those dependents such as visa issuance and that MOU-UNKS will not provide any extra expenses or support in regards to my dependents. [ ]
10. I hereby authorize MOU-UNKS to verify the information disclosed in this application form and the documents required by this scholarship as well as to collect any other information deemed necessary by MOU-UNKS Scholarship to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not limited to contacting recommendation referees or previous employers. [ ]
11. I hereby understand that all information provided to MOU-UNKS will be stored in secured servers where access will be limited to this scholarship team and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms. [ ]
12. I understand that failure to uphold any of the above statements may be grounds for termination of my scholarship offer. [ ]

I confirm that I read all of the above conditions. I also understand that the violation of any one of the above might result in suspension or cancellation of the scholarship.

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| Date(yyyy/mm/ dd) Applicant’s Name (Signature) |
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