**북한대학원대학교 입학원서**

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|  |  | 학년도 (전 · 후기) | | | | | |  | 수험번호 | | ※ |
| 지원과정 | □석사과정 □박사과정 | | | | | | | 지원전형 | □특별전형 □일반전형 | | |
| 성명 | (한글) | | | | | | 성 별 | 병 역 | 직 장 | |  |
| (영문) | | | | | | 남 · 여 | 필 · 미필 | 직 위 | |  |
| 집  주 소 | ( ) | | | | | | | | 전화번호 | | |
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| 직 장  주 소 | ( ) | | | | | | | | 전화번호 | | |
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| 주민등록  번 호 | - | | | | | | | 팩스 |  | | |
| 휴대폰 |  | | |
| E-Mail |  | | |
| 학  력  사  항 | 고등학교 | 년 월 일 | | 고등학교 졸업(검정고시 합격) | | | | | | 사진 | |
| 대학교 | 년 월 일 | | 대학교 대학 학과 | | | | | |  | |
| 평점평균 | / | | | 학사학위  등록번호 | |  | |
| 대학원 | 년 월 일 | | | 대학교 대학 학과 | | | | |
| 평점평균 | / | | | 석사학위  등록번호 | |  | |
| 본인은 북한대학원대학교에 입학하고자 소정의 전형료 및 서류를 갖추어 지원합니다.  년 월 일  성명  **북한대학원대학교 총장 귀하** | | | | | | | | | | | |
| 교부자인 |  | | |  | | | | | 접수번호 | ※ | |

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| **입학원서(부본)** | | |  | **수 험 표** | | |
| 학년도 (전 · 후기) | | |  | 학년도 (전 · 후기) | | |
| 수험번호 | ※ | |  | 수험번호 | ※ | |
| 지원과정 | □석사과정 □박사과정 | |  | 지원과정 | □석사과정 □박사과정 | |
| 지원전형 | □특별전형 □일반전형 | |  | 지원전형 | □특별전형 □일반전형 | |
| 성명 | (한글) | |  | 성명 | (한글) | |
| (한자) | | (한자) | |
| 주민등록번호 | - | |  |  | | |
| 전형  기간중  연락처 | 전화  번호 |  |  |
| 휴대  전화 |  |
| 사 진 | | |
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| **북한대학원대학교** | | |
| **접 수 증** | 접수번호 | ※ |
| 지원과정: □석사과정 □박사과정  성 명:  위 사람의 입학원서 및 전형료를 접수하였음.  년 월 일  접수자 | | |
| **북한대학원대학교** | | |

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| **□ 주민등록번호 수집·이용 사항 고지**  개인정보보호법 제24조의2 제1항제1호에 따라 정보주체의 동의 없이 개인정보를  수집‧이용합니다.   |  |  |  | | --- | --- | --- | | 개인정보 처리목적 | 개인정보 항목 | 수집 근거 | | 입학업무처리 | 주민등록번호 | 고등교육법시행령 제73조  (고유식별정보의 처리) 제1항2호 |   **□ 개인정보 수집‧이용 및 제3자 제공에 대한 동의**   |  |  |  | | --- | --- | --- | | 항 목 | 수집목적 | 보유기간 | | 지원사항(전형구분, 모집단위/지원학과), 지원자 정보(성명, 주민등록번호, 사진, 주소, 전화번호, 휴대전화번호, 이메일, 추가전화번호, 환불계좌정보), 학교 정보(최종학력, 재학/출신 고교명, 졸업(예정)연도, 고교대표 전화번호) | 입학업무처리 | **5년** | | 성명, 생년월일, 최종학력, 졸업(예정)연도, 학위등록번호 | 학력검증 |   ※ 개인정보 수집‧이용 및 제3자 제공에 대한 동의를 거부할 권리가 있습니다. 그러나 동의를 거부할 경우 입학원서 제출에 제한을 받을 수 있습니다.   |  |  | | --- | --- | | 개인정보 수집·이용 및 제3자 제공에 대한 동의 | □예 □아니요 |   **본인은 귀 대학교의 입학전형에 소정의 서류를 갖추어 지원합니다.**  **20 년 월 일**  **지원자 (서명)**  **북한대학원대학교 총장** 귀하 |

개 인 이 력 서

1. 인적사항 및 학력 북한대학원대학교

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| 성 명 |  | | 주민등록번호 | | - | | | |
| 현주소 | □□□-□□□ | | | | | 자택전화 | |  |
| 직장전화 | |  |
| 직장명 | (직위: ) | | | | |
| E-mail주소 | |  |
| 기 간 | | 학 력 | | 학위명 | | | 비고 | |
|  | | 고등학교 | |  | | |  | |
|  | | 대학교 학과 | |  | | |  | |
|  | | 대학교 대학원  학과 | |  | | |  | |

2. 경 력

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| 기 간 | 내 용 |
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위에 기재한 사항은 사실과 틀림이 없음.

년 월 일

위 본인 (인)

학 업 계 획 서

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| --- | --- | --- |
| **지**  **원**  **자** | **□ 석사학위과정 □ 박사학위과정** | **북한대학원대학교** |
| **□ 특별전형 □ 일반전형** |
| **성명 :** |

**1. 희망전공**

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| --- | --- | --- | --- | --- | --- |
| **정치통일** | **군사안보** | **경제․IT** | **사회문화언론** | **통일교육** | ※희망전공분야에 표시(√) 하기 바랍니다. |

**2. 학업계획**

※내용 : 진학동기, 학업계획, 향후진로를 중심으로 작성.

※분량 : 석사학위과정-2,000자 내외 / 박사학위과정-4,000자 내외로 작성.

**RECOMMENDATION LETTER**

**(한국어작성 가능)**

**To the applicant**: Please fill in your name and the other required information below, and then inform references of this before beginning the application process.

**To the reference**: All letters should be written by the reference himself or herself and submitted directly to the IFES ([unks@nk.ac.kr](mailto:unks@nk.ac.kr)) by May 7(Korean Standard Time GMT+9). Please be aware that this is the deadline for both the application as a whole and for letters of reference.

Name of Applicant: (Surname) (Given Name)

Nationality:

To be completed by the recommender:

*Your frank and candid evaluation of the applicant will be highly appreciated in the selection of* ***the MOU-UNKS NK Studies Scholarship*** *awardees. We greatly appreciate your time and effort.*

\* You may use your own recommendation letter template and attach your letter to this form. However, we hope to glean the following information of the applicant from your recommendation letter:

* How long have you known the applicant and in what relationship?
* What are applicant’s capabilities, strengths, and weaknesses (in regards to academic achievement, passion and interest for intended major, future academic potential, integrity, responsibility, independence, creativity, adaptability, communication skills, and others)?
* Please comment on the applicant’s performance record, potential, or personal qualities which you believe would be helpful in considering the applicant’s application for the proposed degree/research program.

Recommender’s Name

Position or Title: University (Institution):

Address:

(zip-code: )

Email: Tel:

**APPLICANT AGREEMENT**

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

**PERSONAL MEDICAL ASSESSMENT**

*Attention! This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the 2nd round of selection, in accordance with the requirements of the Korea Immigration Service, applicants must get a comprehensive medical examinations from a licensed physician or a doctor (including TBPE drug test\*\* etc) If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.*

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| --- | --- | --- | --- | --- |
| Gender | Male  Female  Others | | | |
| QUESTION | | YES | NO | IF YES, PLEASE EXPLAIN |
| Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)? | |  |  |  |
| Do you have allergies? | |  |  |  |
| Do you have hyper tension? | |  |  |  |
| Do you have diabetes? | |  |  |  |
| Do you have any type of Hepatitis? | |  |  |  |
| Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.) | |  |  |  |
| Have you ever been addicted to alcohol? | |  |  |  |
| Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally? | |  |  |  |
| Have you been hospitalized in the last two (2) years? | |  |  |  |
| Have you had any serious injury, ailment or sickness in the last five (5) years? | |  |  |  |
| Do you have any visual or hearing impairment? | |  |  |  |
| Do you have any physical disabilities? | |  |  |  |
| Do you have any cognitive/mental disabilities? | |  |  |  |
| Are you taking any prescribed medication? | |  |  |  |
| Are you on a special diet? | |  |  |  |
| Are you pregnant? | |  |  |  |