



Seoul National University

Form 1. Application for Admissions (Graduate)

REGISTRATION NUMBER				
9				

* Please fill in registration number in this area.

• Please type or print in English or Korean.

Admissions Type

- Please indicate your application type. Admission International I International Admissions II
- Check the appropriate box and indicate your desired program of study. You may apply to only one program.

Master's Program Combined Master's/Doctoral Program Doctoral Program

Desired College: College of Education Desired Department/School (Major): Physical Education, Global Sport Management

Desired Field of Study (If applicable): Dream Together Master Program

English Name: _____
Family / Last (姓) First (名) Middle (if any)

Salutation: Mr. Ms. Korean Name : _____

Resident Registration Number / Passport Number: _____ / _____

Nationality: _____ Place of Birth: _____

Date of nationality acquired (國籍取得日- DD/MM/YY): _____

Date of Birth (DD/MM/YY): _____ Marital Status: Single Married Other _____

[If Dual Nationality of Korean and other foreign citizenship : Nationality _____ Passport Number _____]

Mailing Address: _____ E-mail: _____

Telephone (Korea or permanent residence): _____ Cell Phone: _____

Family Information

◆ Father

Check one: Father Father deceased

Full Name: _____ Nationality: _____

Date of Birth(DD/MM/YY):: _____ Resident Registration No./Passport No.: _____

◆ Mother

Check one: Mother Mother deceased

Full Name: _____ Nationality: _____

Date of Birth(DD/MM/YY): _____ Resident Registration No./Passport No.: _____

Check only if applicable: Parents divorced

Custody (de facto) belongs to (please check one): Father Mother

Parental Authority (de jure) belongs to (please check one): Father Mother

AGREEMENT FOR VERIFICATION OF ACADEMIC RECORDS

I agree that Seoul National University could rightfully make a request for my enrollment records: Agree Disagree

Name of Institute: _____ Name of Department or Major: _____

(Expected) Date of Graduation(DD/MM/YY): _____ Type of Degree: (Bachelor / Master / Doctorate / Combined Bachelor-Master's / Combined Master's-Doctoral)

Name of Office in Charge: _____ e-mail of Staff in Charge: _____

Academic Information

※ In chronological order, list the names and complete addresses (including zip code) of all the schools and institutions that you've attended. Indicate the (expected) Graduation date or the Last date of Attendance for the current school.

	Grade/Semester	Dates Attended (DD/MM/YY)	Name of School/Univ.	School Location	(Expected) Graduation or Last Date of Attendance (DD/MM/YY)	Telephone, Fax	School / Institution E-mail Address
Primary (Elementary) Schools	~	From / / To / /			/ /		
		From / / To / /			/ /		
		From / / To / /			/ /		
Secondary (Middle & High) Schools	~	From / / To / /			/ /		
		From / / To / /			/ /		
		From / / To / /			/ /		
Post-Secondary Studies (Undergraduate / Graduate)	~	From / / To / /	(Major:)		/ /		
		From / / To / /	(Major:)		/ /		
		From / / To / /	(Major:)		/ /		

I declare that the information contained in this application is complete, accurate and true. I understand that any untrue, misleading or omitted information may result in my disqualification from further consideration for admission and may cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date. I agree to abide by the rules and regulations in the Admission Guide for International Students and will take full responsibility for any problems arising from failing to adhere to the same.

Applicant's Signature

Date (DD/MM/YY)