****

**Form 1: Application for Admission**

* **Please type or print in English or Korean.** Don’t usecursive script, please.

|  |  |
| --- | --- |
| **COLLEGE / DIVISION** | Photo(4cm\*3cm) |
| Are you applying as a | ▣ Master’s program | □ Doctorial Program |
| For the term beginning | ▣ Fall, 2014 |
| **PERSONAL INFORMATION** |
| English Name |  |  |
|  | Family/Last | First | Salutation | □Mr. □Ms. |
| Resident Registration Number |  | Passport Number |  |
| Nationality |  | Place of Birth |  |
| Date of Birth (dd/mm/yyyy) |  | Marital Status | □ Single □ Married |
| Mailing Address |  |
|  |
| E-mail |  | Telephone |  |
| **CAREER INFORMATION** |
| Agency |  | Position |  |
| Division |  |
| **ACADEMIC INFORMATION** |
|  | Date of entry | Date of graduation | School’s Name |
| Undergrad 1 |  |  |  |
| School’s Complete Address, including Country (English) |  |
| Undergrad 2 |  |  |  |
| School’s Complete Address, including Country (English) |  |
| Graduate |  |  |  |
| School’s Complete Address, including Country (English) |  |
|  |
| 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 will be cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date.Applicant’s Signature Date (DD/MM/YY)  |  |

****

 **Form2: RECOMMeNDATION**

* **Please type or print in English or Korean.** This form is two pages in length.

**TO BE COMPLETED BY THE APPLICANT**

* Complete this section and give this form with a stamped and addressed envelope to a recommender who knows you well.

Name:

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

Proposed Dept/Program: E-mail:

1. I request that this recommendation be treated confidentially by the officers and faculty members of SNU.

2. I waive my right of access to this recommendation.

3. I take full responsibility for any falsity in the submitted materials.

4. I hereby affirm that all the contained information is true and complete.

 Applicant’s Signature Date (DD/MM/YY)

**TO BE COMPLETED BY THE RECOMMENDER**

* We appreciate your candid evaluation of the named applicant and his or her capacity for success as a student in the proposed field of study. Your recommendation plays an important role in the admissions process. We will not evaluate a candidate’s application until your recommendation is received.

Name: E-mail:

Title, Position and Institution:

Address:

 Telephone:

How long have you known the applicant and in what context?

* Please rate the applicant by checking the appropriate box. Relative to other students you have known, how do you rate this applicant in terms of:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Below average | Average | Good | Excellent | Top few ever encountered | No basis for judgment |
| Academic achievement | □ | □ | □ | □ | □ | □ |
| Academic motivation | □ | □ | □ | □ | □ | □ |
| Future academic potential | □ | □ | □ | □ | □ | □ |
| Leadership / Influence | □ | □ | □ | □ | □ | □ |
| Emotional maturity | □ | □ | □ | □ | □ | □ |
| Written/ Oral expression | □ | □ | □ | □ | □ | □ |

Please comment on the nature and quality of the applicant's academic performance and potential. We are especially interested in your evaluation of the applicant's academic achievement, motivation, originality of thought, creativity, intellectual depth or breath, and academic promise.

Please comment on the applicant's strengths and weaknesses on this form, too. Describe in what academic subjects you have taught this student, including course titles and grades she earned. Enclose your recommendation in a sealed envelope, sign across the seal, and mail your recommendation directly to Office.

(Attach additional sheets if necessary)

---------------------------------- ---------------------------

  *Signature*  *Date* (DD/MM/YYYY)