**Incoming Exchange Student Application Checklist**

1. Name of Home University:

2. Full Name: Last Name/Middle Name/First Name

3. Nationality:

4. Date of Birth: YYYY/MM/DD

5. Gender:

6. Passport Number:

7. Major at Home University:

8. Desired Major at GWNU:

***- Please see and read attachment carefully ‘Fact Sheet for 2025 –Student Exchange Program of GWNU’***

***- All documents below must be submitted in the following order.***

***- Please check the appropriate boxes.***

***- Documents issued other than Korean or English must be submitted with notarized Korean or English translations***

|  |  |  |
| --- | --- | --- |
| **Required Documents** | **Submission Status** | **Remarks** |
| **Yes** | **No** |
| 1 | [Form 1] **Application Form 입학지원서** | [ ]  | [ ]  |  |
| 2 | [Form 2] **Personal Statement 자기소개서** | [ ]  | [ ]  |  |
| 3 | [Form 3] **Recommendation Letter 추천서** | [ ]  | [ ]  |  |
| 4 | [Form 4] **Personal Information Agreement 개인정보동의서** | [ ]  | [ ]  |  |
| 5 | [Form 5] **Medical Assessment Report 건강진단서**\* Submission of tuberculosis test certificate and measles vaccination confirmation | [ ]  | [ ]  |  |
| 6 | **An official certificate of enrollment 재학증명서**\* Submission of the original apostille(Documents that are not in English must be translated and notarized in either English or Korean before obtaining an apostille)\* Students from OECD countries must submit only the English certificate of enrollment issued by their home university | [ ]  | [ ]  |  |
| 7 | **An official academic transcript 성적증명서**\*Documents that are not in English must be translated into either English or Korean and then notarized before submission | [ ]  | [ ]  |  |
| 8 | **A recent bank statement (within 30 days) 은행잔고증명서**\* Original bank statement with an amount of KRW6,000,000(for a semester) or KRW12,000,000 (for 2 semesters) or above (Korean or English)\* Submit bank statement in the name of applicant’s own name or parent’s name (If applicant’s bank statement is under parent’s name, the applicant must submit family relationship certificate and parent's passport) \* Applicant’s or parent’s English name on the statement must be exactly matched with the passport name.\* Students from China and Vietnam must deposit for at least 3 months\* Students from OECD countries are exempted | [ ]  | [ ]  |  |
| 9 | **A copy of applicant’s valid passport 지원자 여권사본** | [ ]  | [ ]  |  |

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| #506,Office of International Affairs, Education Support Center(C9), Gangneung-Wonju National University,7 Jukheon-gil, Gangneung, Gangwon State, Korea 25457Tel: +82-33-640-2778 Fax: +82-33-640-1703 Email: eunsun.park@gwnu.ac.kr |

[FORM 1]

Application Form

*Please fill in all the blanks completely and write in English only.*

|  |  |
| --- | --- |
| Name of Home University |   |
| **Student Information** |
| Last Name(Surname) |  | Nationality |  |
| Middle Name \*optional |  | Gender | Male ( )Female ( ) | Photo(3×4㎝) |
| First Name(Given Name) |  | Date of Birth(YYYY/MM/DD) |  |
| Year |  | Passport Number |  |
| Phone |  |
| Email |  |
| Social Networking Account ID | Line ID: (if applicable)Kakaotalk ID: (if applicable)WeChat ID: (if applicable)Others: (if applicable) |
| Home Address |  |
| Desired Period of Study | 1. Fall 2025 (1 Semester) 2. Fall 2025 ~ Spring 2026 (2 Semesters) |
| How long have you studied Korean? |  |
| Major at Home University |  | Desired Major at **GWNU**(Select one from 2025 fact sheet) |  |
| **Reference** |
| Full Name |  | Occupation |  |
| Relationship |  | Phone number |  |
| Email |  |
| Local Address |  |
|  |  | Last Name/Middle Name/First Name |  |  |
| Date (YYYY/MM/DD) |  | Full Name |  | Signature |

[FORM 2]

**Personal Statement**

1. Full Name: Last Name/Middle Name/First Name

2. Home University:

*Please describe yourself, your values, education background, and study plans, etc in English.*

Date: YYYY/MM/DD

Full Name: Last Name/Middle Name/First Name

Signature:

*\*Please write in English only. The personal statement must be written in Times New Roman, font size 10, single-spaced and no more than one page in length.*

[FORM 3]

**Recommendation Letter**

|  |
| --- |
| *Instructions for applicants: fill in Section 1 and deliver (or email) this form to your recommender* |

**SECTION 1: To be completed by student**

* Full Name: Last Name/Middle Name/First Name
* Desired Period of Study: [ ]  Fall 2025 (1 semester) [ ]  Fall 2025 - Spring 2026 (2 semesters)
* Desired Major:

**SECTION 2: To be completed by your recommender**

|  |
| --- |
| *Instructions for the recommenders (you can delete this instruction):**Please write in English or Korean and the letter below or use your own recommendation letter template and attach your letter to this form. The letter should be no more than two pages in length. The recommendation letter must be written in Times New Roman, font size 10, non-italics, single-spaced and no more than one page in length.**We expect your letter can be used to evaluate the student’s personal qualities, such as:* * *Ability to work independently or in a team*
* *Intelligence*
* *Aptitude and attitude*
* *Potential*
* *Future contribution*
* *Cultural adaptation*
 |

* Recommender’s Name:
* Home university:
* Position/Title:
* Email:
* Phone:
* Please type the recommendation below:

|  |
| --- |
| *(delete this instruction)**After completing the recommendation letter, please add the date and your signature at the bottom. Please return the completed letter back to the student. Recommendation letters that are not dated or signed are not accepted.*  |

**Recommender’s Signature** **Date**

[FORM 4]

**Personal Information Agreement**

I hereby agree that all my personal information on the application form and other documents will be used for any process of Exchange Student Program at Gangneung-Wonju National University. If necessary, the personal information can be provided to any third party without permission from me.

Date: YYYY/MM/DD

Full Name: Last Name/Middle Name/First Name

Signature:

[FORM 5]

**Medical Assessment Report**

*This form must be filled out and signed by a physician.*

|  |
| --- |
| **STUDENT INFORMATION** |
| **Full****Name** | Last Name/Middle Name/First Name | **Date of Birth** |  | **Gender** | ( ) Male |
| ( ) Female |
| **Tuberculosis Screening** (within the last 6 months) |
| **Tuberculosis skin Test** | Date: / / Results: ( ) negative ( ) positive mm |
| (If tuberculosis skin test positive) Chest X-RayDate of Chest X-Ray: / /Results of Chest X-Ray:  |
| **Medical History** |
| **Main Present Illness** |  |
| **Physically Handicapped** |  |
| **Others (Allergies, Medication etc)** |  |
|  |
| **VERIFICATION** |
| **Physician’s Name** |  |
| **Signature** |  |
| **Date** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |