



Seoul National University

Form 1. Application for Admissions (Graduate)

- Please type or print in English or Korean.

Admissions Type

- Please indicate your application type. ☒ International Admission 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

Language Proficiency

- ☐ TOPIK Registration No. _____ Test Date (MM/DD/YYYY) _____ Final Score _____ Level _____
- ☐ IELTS Registration No. _____ Test Date (MM/DD/YYYY) _____ Final Score _____
- ☐ TEPS Registration No. _____ Test Date (MM/DD/YYYY) _____ Final Score _____
- ☐ TOEFL (Test Date Scores)
Registration No. _____ Test Date (MM/DD/YYYY) _____ Final Score _____
- ☐ TOEFL (MyBest Scores)
Registration No. _____ Test Date (MM/DD/YYYY) _____ Final Score _____
- ☐ Others (GRE, Etc.) _____

Personal Information

- English Name: _____
Family / Last (姓) _____ First (名) _____ Middle (if any) _____
- Gender: ☐ Male ☐ Female 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 [For International Admission I applicants only]

- ◆ **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

VERIFICATION OF ACADEMIC RECORD

- 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 / /			/ /		
		From / / To / /			/ /		
Post-Secondary Studies (Undergraduate / Graduate)	~	From / / To / /	(Major:)		/ /		
		From / / To / /	(Major:)		/ /		
		From / / To / /	(Major:)		/ /		