



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:)		/ /		