



KU-GETPPP(Global Energy Technology Policy Professionals Program)  
 #713 Innovation Building, Green School, Korea University  
 145 Anam-ro, Seongbuk-gu,  
 Seoul 02841, Korea  
 Tel. +82-2-3290-5976 Fax. +82-2-929-2619  
 E-mail. getppp@korea.ac.kr

 COLOR  
 PHOTO

3cmX4cm

## Admission Application Form for International Students

Please type or print clearly in English and post the completed form with the application fee to the above address.

### 1. Personal Information

Family Name	Given Name	漢字姓名(Chinese & Japanese Only)	Date of Birth Month   Day   Year
Current Address: Expiration Date of Current Address: _____ (MM/DD/Year) If no expiration date, we will use permanent address.			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address		Your Visa Status If you are in Korea	Date of Visa Expiration Month   Day   Year
		Passport No.	
Home Phone	Office Phone	Cellular Phone	E-mail Address 1
Country of Birth	Citizenship	E-mail Address 2	

### 2. Program of Study

Year and semester you plan to enter	Degree	Department	Specific Major
Academic Year: 20__ <input type="checkbox"/> Spring Semester	<input type="checkbox"/> Master's <input type="checkbox"/> Doctoral		

### 3. Academic Information

Name of School	Location (City/State/Country)	Degree	College/Department	CGPA (e.g., 85 out of 100)	Dates Attended				Date of Degree	
					MM	YY	MM	YY	MM	YY
				out of						
				out of						
				out of						

### 4. Language Proficiency Test Score

Have you ever taken the following test?			
<input type="checkbox"/> TOEIC		<input type="checkbox"/> TOEFL (ETS DI code: 7589)	
Username: Password:		<input type="checkbox"/> IELTS	
Level	Score	Score	Score
Registration #		Registration #	Registration #
Date of Test(MM/DD/Year)		Date of Test(MM/DD/Year)	Date of Test(MM/DD/Year)

**Korean Proficiency** ☐ proficient ☐ not yet proficient

I certify that all the information contained in this application and in all supplemental materials that I shall submit is accurate and true. I understand that any false or misleading statement may disqualify my application or results in the terminations of my studies as a student at this university.

Signature

Date(MM/DD/Year)

### For Office Use Only (Please do not write in this area.)

Applicant Number	
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## Release of Information Form

Please type or print clearly in English

\* **Declaration:** I declare that the information submitted in this application is true and correct. I authorize Korea University to obtain information from any educational institution previously or currently attended by me in order to verify my credentials and qualifications. If any information supplied by me is considered to be untrue, incomplete, or misleading in any respect, I understand the University may reserve the right to alter or reverse any decision made on the basis of untrue, incomplete or misleading information.

1. Applicant Information			
Family Name	Given name		漢字姓名(Chinese & Japanese Only)
Applicant Number: <b>For office use only</b>	Date of Birth MM/ DD/ Year	Student ID number	
2. Education Record Request			
Name of Institution Graduated	Name of Degree		BA <input type="checkbox"/> MA <input type="checkbox"/> Other <input type="checkbox"/> _____
Address of Institution Graduated Zip-code			
Department and Major			
Date of (Expected) Graduation (Year/MM/DD)			
Period of Attendance	From	To	Number of Registered Semesters
Website of Institution Graduated			
3. Institution Information to Request Release of Academic Records(Institute You Graduated) If you complete your degree program in Korea, please skip this institution information.			
Name of Office in Charge You Graduated			
Name of Staff in Charge You Graduated			
Phone/Fax No. of Staff in Charge			
E-mail of Staff in Charge			

The information you provide will be kept in strict confidence and will be used only for the purpose of degree (enrollment) verification. Thank you for your assistance.

\_\_\_\_ (MM)/ \_\_\_\_ (DD)/20 \_\_\_\_ (Year)

Applicant: \_\_\_\_\_ (Signature)

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## Letter of Consent for Medical Information

\*\* After tuition payment in Jan. for Spring admission(or July for Fall admission), please fill out the form in English and submit it with your certificate of vaccination and the results of your chest X-ray examination no later than March 5 for Spring admission(or Sep. 5 for fall admission)

By signing this form, I am giving my agreement and hereby authorize Korea University to have the attached medical information (certificate of vaccination, the result of Chest X-ray examination and additional certificate of health).

I understand that when disclosed, the information in these records will be used for the following purpose: epidemiologic investigation, prevention for infectious disease, living in KU dormitory.

This consent becomes effective from the following date

(YYYY/MM/DD) :        /        /

Personal Information		
Family Name	Given name	漢字姓名(Chinese & Japanese Only)
Applicant Number: <b>For office use only</b>	Date of Birth  MM/      DD/      Year	Student ID number

The information you provide will be kept in strict confidence. This form meets the requirements for consent in the freedom of information and protection of Privacy Act and Regulations according to Korean Law.

- Attachments: 1. Certificate of vaccination (MMR vaccine)  
2. Result of Chest X-ray regarding Tuberculosis  
3. Additional documents (if applicable)

\_\_\_\_\_ (MM)/ \_\_\_\_\_ (DD)/20 \_\_\_\_\_ (Year)

Applicant: \_\_\_\_\_ (Signature)