



Seoul National University

Form 1. Application for Admissions (Graduate)

• Please type in English or Korean.

Admissions Type

- Please indicate your application type. International Admissions 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: _____ Desired Department/School (Major): _____
 Desired Field of Study (If applicable): _____

Language Proficiency

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

Personal Information

English Name: _____
 _____ Family / Last (姓) _____ First (名) _____ Middle (if any) _____

Gender: Male Female Korean Name/English Nickname: _____

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 Admissions I applicants only]

◆ **Father**

Check one: Father Father deceased N/A

Full Name: _____ Nationality: _____

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

◆ **Mother**

Check one: Mother Mother deceased N/A

Full Name: _____ Nationality: _____

Date of Birth(DD/MM/YY): _____ 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: _____

