

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 Inte	ernational Admissions II			
• Check the appropriate box and indicate your desired program	n of study. You may apply to	only <u>one</u> program.			
☐ Master's Program ☐ Combined M	aster's/Doctoral Program	☐ Doctoral Program			
Desired College: Desired	ed Department/School (Maj	jor):			
Desired Field of Study (If applicable):					
Language Proficiency					
TOPIK Registration No Test Dat	e (DD/MM/YYYY)	Final Score Level			
☐ IELTS Registration No Test I	Date (DD/MM/YYYY)	Final Score			
TEPS Registration No Test I	Date (DD/MM/YYYY)	Final Score			
TOEFL (Test Date Scores)					
Appointment No Test D	ate (DD/MM/YYYY)	Final Score			
TOEFL (MyBest Scores)					
Registration No Test D	ate (DD/MM/YYYY)	Final Score			
Others (GRE, Etc.)					
Personal Information					
English Name:					
Family / Last (姓)	First (名) nglish Nickname:	Middle (if any)			
Resident Registration Number / Passport Number:					
Nationality:					
Date of nationality acquired (國籍取得日- DD/MM/YY):_					
Date of Birth (DD/MM/YY):	Marital Status: Single	le Married Other			
[If Dual Nationality of Korean and other foreign citizenship : National	ity 1	Passport Number			
Mailing Address:	E-mail:				
Telephone (Korea or permanent residence):	Cell Phone:				
Family Information [For International Add	nissions I applicants (only]			
◆ Father					
Check one: Father Father Geceased	□ N/A				
Full Name:	Nationality:				
Date of Birth(DD/MM/YY):					
◆ 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	e): Tather	Mother			
VERIFICATION OF ACADEMIC RECOI	RD				
(Expected) Date of Graduation(DD/MM/YY):		orate / Combined Bachelor-Master's / Combined Master's-Doctoral)			
Name of Office in Charge:	e-mail of Staff in Charge:				

Academic Information

X 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 / /			/ /		
chools	~	From / / To / /			/ /		
Secondary (Middle & High) Schools		From / / To / /			/ /		
		From / / To / /			/ /		
		From / / To / /			/ /		
Post-Secondary Studies (Undergraduate / Graduate)	~	From / / To / /	(Major:)		/ /		
		From / / To / /	(Major:)		/ /		
		From / / To / /	(Major:		/ /		