<Form 1>

Application for Admission

International School of Urban Sciences, University of Seoul

Registration Number	
Confirmation	

* DO NOT WRITE IN THIS AREA

PLEASE TYPE OR PRINT IN ENGLISH

International Urban Development Program (IUDP), International School of Urban Sciences, University of Seoul
163 Seoulsiripdae-ro, Dongdaemun-gu, Seoul 130-743, Korea Tel) 82-2-6490-5158 Fax) 82-2-6490-5159
E-mail) muap@uos.ac.kr (for MUAP applicant) / murd@uos.ac.kr (for MURD applicant) Homepage) http://isus.uos.ac.kr

Ⅰ. TITLE OF COURSE (You are applying for)

☐ **MUAP (Master of Urban Administration and Planning)**

*In Cooperation With Seoul Metropolitan Government (**SMG**)*

☐ **MURD (Master of Urban and Regional Development)**

*In Cooperation With Korea International Cooperation Agency (**KOICA**)*

Photo
(3 x 4cm)

Ⅱ. PERSONAL DATA

Name (as in the passport)	First		Middle		Last	
Date of Birth	Month		Day		Year	
Sex	☐M ☐F			**Marital Status**		
Nationality				**Religion**		
Passport Number				**Airport of Departure**		
Home Address						
Contact Information (Including country code)	Telephone			Fax		
	Mobile			E-mail		
Emergency Contact	Name			Relation		
	Telephone			E-mail		

Ⅲ. FAMILY DATA

Name of Father	*First* *Middle* *Last*		**Name of Mother**	*First* *Middle* *Last*	
Nationality			**Nationality**		
Home Address					
Contact Information (Including country code)	Telephone		Fax		
	Mobile		E-mail		

Ⅳ. RECOMMENDATION (List names, addresses, phone/fax numbers and e-mail addresses of recommenders.)

Name	Organization	Department	Telephone	FAX	E-mail

Ⅴ. EMPLOYMENT

Name of Organization		**Address**	
Department		**Present Position**	
		Employment Duration	**from _____ to present**
Telephone (Including country code)		**Fax** (Including country code)	
Type of Organization	Government(□Central, □Local), Institution(□Public, □Private, □International, □NGO) □Others( )		
Job Description	What are your main tasks with your current employer?		
	Which technical equipment or facilities do you work on your job with? (if applicable)		
	Describe any themes, topics and places of interest you would like to see in the training course related to your tasks mentioned aforesaid.		

Career over the past 5 years

Organization	Department	Position	Responsibilities	Period(dd/mm/yy)	
				From	To

Ⅵ. Educational Background

Educational Institution	Field of Study and Degree	Location (City/ Country)	Period(dd/mm/yy)	
			From	To

Ⅶ. OTHERS

Restriction on Food/Behavior/ Medication	Any restrictions on food, behavior or medication due to health or religious reasons?
	□Yes >> □Beef □Pork □Fish □Others( )/ □No

Ⅷ. ENGLISH PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Native Language : _____

Other Languages : _____

In case you speak English as a foreign language, it is required for you to certify your English proficiency. Please indicate your English Proficiency Test Scores:

□ TOEFL: _____ (□IBT, □CBT, □PBT) score

□ TOEIC: _____ score

□Others( ): _____ score

Ⅸ. APPLICANT'S SIGNATURE/CERTIFICATION OF ACCURACY

I certify that all information in my application is my own work, factually true and honestly presented

_____

Signature *Date(mm/dd/yyyy)*

Ⅹ. MEDICAL REPORT 1 (Completed by Applicant)

1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

( ) No ( ) Yes >> Name of Medication ( ), Quantity ( )

(b) Are you pregnant? (Female only)

( ) No ( ) Yes >> (months)

(C) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

( )

Note: A disability does not lead to dismissal or exclusion from the program. However, upon the situation, you may be directly inquired by the KOICA official in charge for a more detailed account of your condition.

2. Medical History

(a) Have you had any significant or serious illnesses? (If hospitalized, give place & dates.)

Past:	( ) No	( ) Yes>>Name of illness ( ), Place & dates ( )
Present:	( ) No	( ) Yes>>Present Condition ( )

(b) Have you ever been a patient in a mental hospital or have been treated by a psychiatrist?

Past:	( ) No	( ) Yes>>Name of illness ( ), Place & dates ( )
Present:	( ) No	( ) Yes>>Present Condition ( )

(c) High blood pressure

Past:	( ) No	( ) Yes
Present:	( ) No	( ) Yes>>Present Condition ( ) mm/Hg to ( ) mm/Hg

(d) Diabetes (sugar in the urine)

Past:	( ) No	( ) Yes		
Present:	( ) No	( ) Yes>>Present Condition ( )		
Present:	( ) No	Are you taking any medicine or insulin?	( ) No	( ) Yes

(e-1) Past History: What illness(es) have you had previously?

( ) Stomach and Intestinal Disorder	( )Liver Disease	( ) Heart Disease	( )Kidney Disease
( ) Tuberculosis	( ) Asthma	( )Thyroid Problem	
( ) Infectious Disease >>> Specify name of illness ( )			
( ) Other >>> Specify ( )			

(e-2) Has this disease been cured?

( ) Yes	( ) No (Specify name of illness) :
( ) Yes	Present Condition: ( )

I certify that I have read the above instructions and answered all questions truthfully to the best of my knowledge.

Date: _____ **Signature of Applicant:** _____

XI. MEDICAL REPORT 2 (Completed by Authorized Physician)

Basic Information

Basic Information	**Name**			
	Age		**Blood Type**	
	Sex		**Blood Pressure**	/ mmHG
	Height	cm	**Weight**	Kg

Test Result

Name	Test Result	Remarks
EKG	□Normal □Abnormal	
Chest PA	□Normal □Abnormal	
Urinalysis	□Normal □Abnormal	
Diabetes	□Normal □Abnormal	
Hepatitis B	□Normal □Abnormal	
Syphilis	□Normal □Abnormal	
AIDS	□Normal □Abnormal	
Infectious disease	□Normal □Abnormal	
Endemic disease	□Normal □Abnormal	
Pregnancy test	□Normal □Abnormal	

1. How long have you known the applicant named above?

□ Less than 6 months □ More than a year □ More than 5 years □ More than 10 years

2. Has this person received treatment for the last 5 years or does he/she have any conditions that will require frequent or long periods of absence , or would otherwise affect his/her ability to carry out role given to him/her in participating an intensive training course away from home?

□Yes □No (If you answered yes, please provide details)

3. Is there anything in the person's medical history that would make him/her unfit to participate in the training course?

□Yes □No (If you answered yes, please provide details)

I certify that I answered all questions truthfully and completely to the best of my knowledge.

Date : _____

Name of Clinic: _____ **Address of Clinic**: _____

Name of Physician: _____ **Signature** : _____

<Form 2>

Personal Statement

Name (English) (Korean) (Chinese)

Date of birth (*month/day/year*) Passport No.

PERSONAL STATEMENT

The personal statement helps the university learn more about you as an individual beyond your grades and test scores, and other objective data. You should present your thoughts, ideas and views in a focused and convincing manner. Please write a statement on the listed three topics(100~150 words for each topic) below in English. Please limit yourself to the space provided.

□ Describe your most important intellectual experience and accomplishment to date or describe some issue of personal, local, national, or international concern and its importance to you.
□ Describe why you are applying for University of Seoul.
□ Describe your plan after you graduate University of Seoul.

<Form 3>

Study Plan

STUDY PLAN

Write a clear and detailed description of your study objectives, and give your reasons for wanting to pursue them at the University of Seoul in English. Be specific about your major field and your specialized interests within this field. Describe the programs you expect to undertake, and explain how your study plan fits in with your previous training and your future objectives. Please limit yourself to the space provided.

Applicant _____ _____

Signature ***Date***(mm/dd/yyyy)

<Form 4>

Letter of Recommendation

Applicant

Name (English) _____ (Korean) _____ (Chinese) _____

Date of Birth (*month/day/year*)_____ Passport No. _____

Recommender

Name _____

Institution _____ Position_____

Telephone _____ E-mail _____

Address _____

_____

_____ _____

Signature ***Date***(mm/dd/yyyy)

To

International Urban Development Program (IUDP) Manager

IUDP, #5225, Liberal Arts Building,

International School of Urban Sciences, University of Seoul

163 Seoulsiripdae-ro, Dongdaemun-gu, Seoul 130-743, KOREA

Email : muap@uos.ac.kr (for MUAP applicant) / murd@uos.ac.kr (for MURD applicant)

Homepage : http://isus.uos.ac.kr

Tel : +82-2-6490-5158 Fax : +82-2-6490-5159

With this form, enclose a recommendation letter in a sealed envelope, sign across the seal, and give it to the applicant.

Letter of Recommendation

Applicant

Name (English) (Korean) (Chinese)

Recommender

Name (English)

*** Use a separate sheet if necessary**

Recommender _____ _____

Signature ***Date***(mm/dd/yyyy)