**2025 KOREA-JAPAN GOVERNMENT SCHOLARSHIP**

**FOR SHORT TERM UNDERGRADUATE PROGRAM**

**Application Checklist**

**University Receiving Application(접수대학명) : DAEGU UNIVERSITY**

1. Name of Applicant : (Family Name) (Given Name)
2. Country : JAPAN
3. Desired Program :  Short Term Undergraduate Program

**Please check (√) in the appropriate box.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Documents** | | **Submission Status** | |
| **Yes** | **No** |
| 1 | Application Form (Form 1) |  |  |
| 2 | Personal Statement & Study Plan (Form 2) |  |  |
| 3 | Personal Medical Assessment (Form 3) |  |  |
| 4 | Letter of Recommendation (Form 4) |  |  |
| 5 | Applicant Agreement (Form 5) |  |  |
| 6 | Certificate of Enrollment (Original) |  |  |
| 7 | Certificate of Transcript (Original) |  |  |
| 8 | Applicant’s Proof of Citizenship Document (Copy of Passport) |  |  |
| 9 | Certificate of Valid TOPIK Score (Optional) |  |  |
| 10 | Certificate of Valid English Proficiency Test (Optional) |  |  |

**\*推薦者は参加学生の大学の教授又は大学担当スタッフでお願いします。**

**2025 KOREA-JAPAN GOVERNMENT SCHOLARSHIP PROGRAM FOR SHORT-TERM UNDERGRADUATE COURSE**

**FORM 1. Application Form**

*Please complete the form below. It* ***must*** *be typed in* ***Korean*** *or* ***English****.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name  성명 | *Family Name 성* | | *Given Name 이름* | | | Gender 성별 | Passport photo taken within the last 6 months  최근 6개월 이내 촬영한 여권 사진 | |
| 漢字（名字） | | 漢字（名前） | | | Male  Female |
| *\*Please write your* ***full name*** *as indicated on your passport.* | | | | | |
| Date of Birth 생년월일  (YYYY-MM-DD) |  | | | Citizenship  국적 | |  |
| Contact Information 연락처  **\*Must be applicant’s** | *Address* | | | | | | | |
| *Phone (Must start with the country code)*  *①Applicant’s:* | | | | *Phone (Must start with the country code)*  *②Parent’s:* | | | |
| *E-mail (be careful of putting a wrong email address)* | | | | | | | |
| Currently Enrolled University  재학 대학 | University Name  대학명 |  | | | | Major  전공 |  | |
| Current Year  현재 학년 | 1st  2nd  3rd  4th | | | | Cumulative GPA\*  (ONLY for terms or semesters completed)  성적 (이수학기만) | / | |
| University Address 대학 주소 |  | | | | | | |
| Language Abilities 어학능력 | TOPIK Level  한국어능력시험성적 | 1 2 3 4 5 6 | | | | English Proficiency  Test Scores  공인영어성적 | *Type* | *Score* |
| Test Held/TestDaete(회차/시험일) | | | |
| Choice of  University  지원 대학 | University Name 대학명 | | | | | | | |
| Daegu University | | | | | | | |
| I certify that the information provided this application is true, complete and accurate. If any kind of falsehood found, I will take the legal responsibility.  2025년(yyyy) 월(mm) 일(dd) Applicant's Name : (signature) | | | | | | | | |

**FORM 2. Personal Statement & Study Plan**

*Please type in Korean or in English. The letter must be single spaced within TWO pages, with the font* ***Times New Roman****, size 11. (\*11 points)*

|  |  |
| --- | --- |
| **Personal Statement** | *o Motivations with which you apply for this program*  *o Any other aspects of your background and interests which may help us evaluate your aptitude and passion for study in Korea*  *o Extracurricular activities such as club activities, community service activities or work experiences*  *o Future plan in Korea or another country after study in Korea* |
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| --- | --- |
| **Goal of study &**  **Study Plan** | *o Goal of study and detailed study plan* |
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|  | |
|  | |

**FORM 3. Personal Medical Assessment**

***Attention!*** This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the 2nd round of selection, in accordance with the requirements of the Korea Immigration Service and Korea-Japan Government Scholarship for 1 Year Undergraduate Program, applicants must get a comprehensive medical examination from a licensed physician or a doctor (including TBPE drug test etc.). If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GENDER | Male  Female | **HEIGHT** | cm | | **WEIGHT** | kg |
| QUESTION | | | YES | NO | IF YES, PLEASE EXPLAIN | |
| Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)? | | |  |  |  | |
| Do you have allergies? | | |  |  |  | |
| Do you have hyper tension? | | |  |  |  | |
| Do you have diabetes? | | |  |  |  | |
| Do you have any type of Hepatitis? | | |  |  |  | |
| Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.) | | |  |  |  | |
| Have you ever been addicted to alcohol? | | |  |  |  | |
| Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally? | | |  |  |  | |
| Have you been hospitalized in the last two (2) years? | | |  |  |  | |
| Have you had any serious injury, ailment or sickness in the last five (5) years? | | |  |  |  | |
| Do you have any visual or hearing impairment? | | |  |  |  | |
| Do you have any physical disabilities? | | |  |  |  | |
| Do you have any cognitive/mental disabilities? | | |  |  |  | |
| Are you taking any prescribed medication? | | |  |  |  | |
| Are you on a special diet? | | |  |  |  | |
| Are you pregnant? | | |  |  |  | |

Date (yyyy-mm-dd) Applicant’s Name (Signature)

**FORM 4. Recommendation Letter**

**To the applicant**: Please fill in your name and the other required information below. In turn, deliver or email this form to the person who will write this letter. **NOTE:** Request your referee to seal his or her letter of recommendation in an official envelope and sign across the back flap upon completion. Unsealed and unsigned recommendation letter will not be accepted. **Confidential**

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| --- |
| ***Attention!*** **To be completed by the recommender:**  *Your frank and candid evaluation of the applicant will be highly appreciated in the selection of Korea-Japan Government Scholarship awardees and the admissions to a Korean university.*  *We greatly appreciate your time and effort.*  **\*** **After completing the recommendation letter,** **Please attach this form and your recommendation letter sealed in an envelope (sign across the back flap) and deliver the sealed envelope to the applicant.**  **Unsigned recommendation letter will be considered invalid.** |

Name of Applicant: (Family Name) (Given Name)

University:

Recommender’s Name

Recommender’s Signature Date

Position or Title: University (Institution):

Address:

(zip-code: )

Email: Tel:

*(continued in the next page)*

|  |
| --- |
| **\* Please type in Korean or in English. You can write here or may use your own recommendation letter template. However, We hope to glean the following information of the applicant from your recommendation letter:** *(Please remove the instructions after reading it.)*  *- How long have you known the applicant and in what relationship?*  *- What are applicant’s capabilities, strengths, and weaknesses (in regards to academic achievement, passion and interest for intended major, future academic potential, integrity, responsibility, independence, creativity, adaptability, communication skills, and others)?*  *- Please comment on the applicant’s performance record, potential, or personal qualities which you believe would be helpful in considering the applicant’s application for the proposed degree/research program.* |

**FORM 5. APPLICANT AGREEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **As an applicant for 2025 Korea-Japan Government Scholarship for Short Term Undergraduate Program, I agree to abide by the following;**  *※ Please read each article, check each box and sign below.*   1. The information I have provided in this application forms is true and accurate and all documents I submitted to the National Institute for International Education (hereafter NIIED) are genuine. 2. I understand that all the documents submitted to NIIED will not be returned regardless of the final outcome of the selection process. 3. I will abide by all the Korean laws and ordinances. 4. I will respect and uphold the values of the Korean culture and society. 5. I will fulfill my responsibilities as a Korea-Japan Government Scholarshipscholar to the best of my abilities. 6. I will not participate in any form of political activities (such as organizing or joining a political party, attending political meetings, publishing articles and declarations, and organizing or participating in political demonstrations). 7. I will maintain financial integrity at a personal level. 8. I will accept NIIED’s decision concerning the Short Term Undergraduate Program. 9. I understand that once I am selected as a Korea-Japan Government Scholarshipscholar, I am not permitted to change the university. 10. I will comply with the academic regulations and requirements of NIIED and the university to be admitted.  |  | | --- | | Date(yyyy/mm/ dd) Applicant’s Name (Signature) | |  |   *(continued in the next page)*   1. I give permission to NIIED, the Ministry of Education of Korea, the Ministry of Foreign Affairs of Korea, the Ministry of Justice of Korea and affiliated institutions to use the contact information provided in my application for the purpose of visa issuance, communication, conducting surveys and sharing information as needed. I give authorization for photos and video of me to be taken during orientation and used in any promotional or educational materials. 2. I hereby authorize NIIED to verify the information disclosed in this application form and the documents required as well as to collect any other information deemed necessary to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not limited to contacting recommendation referees or previous employers. 3. I hereby understand that all information provided to NIIED will be stored in secured servers where access will be limited to department in charge and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms. 4. I understand that failure to uphold any of the above statements may be grounds for termination of my scholarship offer.      |  | | --- | | Date(yyyy/mm/ dd) Applicant’s Name (Signature) | |  |   *(continued in the next page)*  **「National Institute for International Education (NIIED)」 intents to collect and use your personal information including disclosure to third parties for the Korea-Japan Government Scholarship selection, based on the 「Personal Information Protection Act」 and its provisions. We will use the collected data only for its intended purpose and inform the user for an agreement whenever the purpose of information collection is changed. Please provide us whether you agree or not on the terms of personal data collection and usage after referring to the information below.**   |  |  | | --- | --- | | **Agreement on Collection and Use of Personal Data** | | | 1. NIIED collects and uses the applicants’ Personal Information; and is able to provide such information for a third party in accordance with NIIED policy and regulations.  * **Personal Information Collected**: name, date of birth, sex, nationality, contact information, TOPIK/English score, family relation, career & educational record, university information applied. * **Purpose**: Selecting a Korea-Japan Government Scholarship Scholar * **Retention Period** : 5 year  1. If you do not approve our collection and use of your personal information, you have the right to refuse to the use of personal information mentioned above. However, due to your refusal, your application may be excluded in the selection procedure. | | |  | | | **Agreement on Collection and Use of Sensitive Information** | | | 1. NIIED collects and uses the participants’ Sensitive Information; and is able to provide such information for a third party in accordance with NIIED’s policy and regulations.  * **Sensitive Information Collected** : Medical information * **Purpose**: Selecting a Korea-Japan Government Scholarship Scholar * **Retention Period** : 1 year for hard copy / 20 years for soft copy  1. If you do not approve our collection and use of your personal information, you have the right to refuse to the use of personal information mentioned above. However, due to your refusal, your application may be excluded in the selection procedure. | | |  | |   **I confirm that I read all of the above conditions. I also understand that the violation of any one of the above might result in suspension or cancellation of the scholarship.**   |  | | --- | | Date (yyyy/mm/dd) Applicant’s Name (Signature) | |  | |