

BỘ GIAO THÔNG VẬN TẢI CỘNG HOÀ XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc

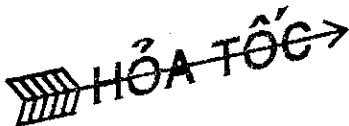
Số: **1674**/BGTVT-TCCB

V/v chọn cử cán bộ dự tuyển
khóa đào tạo tại Hàn Quốc

Hà Nội, ngày **04** tháng **03** năm **2013**

BỘ GIAO THÔNG VẬN TẢI TRUNG TÂM CÔNG NGHỆ GIAO THÔNG
CÔNG VĂN ĐẾN
Số:.....
Ngày 4 tháng 3 năm 2013

Kính gửi:



- Tổng cục Đường bộ Việt Nam;
- Các Vụ, Thanh tra Bộ, Văn phòng Bộ;
- Các Ban trực thuộc Bộ;
- Các Cục thuộc Bộ;
- Viện Chiến lược và Phát triển giao thông vận tải;
- Viện Khoa học công nghệ GTVT;
- Các Trường Đại học, Cao đẳng thuộc Bộ.

Bộ Giao thông vận tải nhận được Công văn số 1102/BKHĐT-KTĐN ngày 21/02/2013 của Bộ Kế hoạch và Đầu tư về việc đề nghị cử cán bộ tham gia khóa đào tạo tại Hàn quốc (gửi kèm).

Bộ Giao thông vận tải đề nghị Quý Cơ quan, Đơn vị nghiên cứu Công văn số 1102/BKHĐT-KTĐN nêu trên, chọn cử 01 ứng viên (nếu có) đối với mỗi khoá đào tạo.

Văn bản cử cán bộ tham dự kèm hồ sơ của học viên (theo hướng dẫn tại Công văn số 1102/BKHĐT-KTĐN và bản khai lý lịch cán bộ theo mẫu 2C-BNV/2008) đề nghị gửi về Bộ Giao thông vận tải (qua Vụ Tổ chức cán bộ) trước ngày **06/03/2013** để tổng hợp.

Xin trân trọng cảm ơn sự hợp tác của Cơ quan, Đơn vị./.

Nơi nhận:

- Như trên;
- Bộ trưởng Bộ GTVT
- Thứ trưởng Phạm Quý Tiều } (để báo cáo);
- Vụ trưởng Vụ TCCB
- Website Bộ GTVT;
- Lưu: VT, TCCB (Ndt).

TL. BỘ TRƯỞNG
KT. VỤ TRƯỞNG VỤ TCCB
PHÓ VỤ TRƯỞNG



Trần Bảo Ngọc

BỘ KẾ HOẠCH VÀ ĐẦU TƯ**CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM****Độc lập - Tự do - Hạnh phúc**

Số: 1102 /BKHTT-KTĐN
 V/v Đề nghị cử cán bộ tham gia
 khoá đào tạo tại Hàn Quốc.

Hà Nội, ngày 21 tháng 02 năm 2013

Kính gửi:

- Bộ Tài chính;
- Bộ Công Thương;
- Bộ Giao thông Vận tải;
- Bộ Văn hóa - Thể thao và Du lịch;
- Bộ Nông nghiệp và Phát triển nông thôn.

Trong khuôn khổ Chương trình đào tạo tài khóa 2013 của Hàn Quốc, Cơ quan Hợp tác Quốc tế Hàn Quốc (KOICA) có thông báo về Chương trình học bổng Thạc sỹ năm nay (danh sách gửi kèm).

Khóa học sử dụng tiếng Anh, mọi chi phí liên quan đến khóa học do phía Bạn đài thọ (liên hệ theo địa chỉ ở dưới để lấy tài liệu cho từng khóa học).

Đối tượng tham dự là các cán bộ, công chức, viên chức làm việc tại các cơ quan Chính phủ, tốt nghiệp đại học, thành thạo tiếng Anh, sức khỏe tốt. Việc lựa chọn học viên do KOICA tiến hành.

Bộ Kế hoạch và Đầu tư đề nghị quý Bộ cử cán bộ phù hợp đăng ký tham dự khóa đào tạo theo danh sách đính kèm. Công văn cử cán bộ và hồ sơ của học viên (yêu cầu tại danh sách gửi kèm theo) gửi gấp về Bộ Kế hoạch và Đầu tư theo đúng thời gian quy định. Quá thời hạn này, Bộ Kế hoạch và Đầu tư xin được hiểu là quý Bộ không có nhu cầu cử cán bộ dự tuyển./.

Nơi nhận:

- Như trên;
- Lưu: VT, KTĐN. V7

TL. BỘ TRƯỞNG
 VỤ TRƯỞNG VỤ KINH TẾ ĐỐI NGOẠI



Hoàng Việt Khang

Danh sách chương trình học bổng KOICA tài khóa 2013

STT	Tên khóa học	Thời gian dự kiến	Hạn nộp hồ sơ
1	Master Degree Program in Public at GSPA&SNU (Graduate School of Public Administration& Seoul National University)	19/08/2013 ~ 18/12/2014	08/03/2012
2	Master of Development Cooperation Policy at Seoul National University	30/08/2013 ~ 31/12/2014	12/03/2012
3	Master Degree Program in Fisheries Science at Pukyong National University	27/07/2013 ~ 28/08/2014	18/03/2012

Liên hệ Vụ Kinh tế đối ngoại, Bộ Kế hoạch và Đầu tư (Mr. Dũng 04-38230202/ Mo 0982181807) để lấy tài liệu bản mềm của mỗi khoá học.

(Tất cả giấy tờ gửi kèm đều phải bằng tiếng Anh hoặc dịch sang tiếng Anh, và được xác nhận bởi cơ quan có thẩm quyền)

Đề nghị học viên khi nộp hồ sơ có kèm theo bản kê khai những giấy tờ nộp cùng./.

KOICA



WORLD
FRIENDS
KOREA

KOREA INTERNATIONAL COOPERATION AGENCY

KOICA Office in Vietnam:
7th Floor, Daeha Business Center, 360 Kim Ma Str., Ba Dinh, Hanoi, Vietnam
Tel: (84-4) 3831-6911/3831-5108 Fax: (84-4) 3831-8812
<http://www.koica.go.kr>

Mr. Hoang Viet Khang
Director General
Foreign Economic Relations Department
Ministry of Planning and Investment

KOICA-VO-13-82

February 18th, 2013

Dear Mr. Khang,

Re: Master of Fisheries Science at Pukyong National University

First, let me express my sincere thanks for your kind cooperation extended to KOICA Vietnam Office and I am pleased to inform you of the training program as follows:

- Course information: Master Degree Program in Fisheries Science at Pukyong National University
- Duration: 27 July 2013 ~ 28 August 2014 (14 months)

The course aims to train fisheries specialists on various fields of fisheries science and contribute to the development of fisheries industries of participating countries and to facilitate cooperative relationship and expand networks between participating countries and Korea in the field of fisheries science.

In this regard, it would be highly appreciated if you could recommend at least 04 (four) eligible candidates and send their application documents to KOICA Vietnam Office no later than March 18th, 2013. The most qualified nominees (1 ~ 2 persons) will be chosen through a fair international competition.

As usual, the expenses borne by KOICA will cover tuition fee, accommodation, living allowance, meals, research materials, field trips and overseas travel insurance during the program. Please refer to Program Information enclosed herewith for details.

Anticipating your close and continuous cooperation, I look forward to your earliest nomination of the candidates.

Yours sincerely,



Kim In
Resident Representative

Enc: Program Information of program

Mr. Hoang Viet Khang
Director General
Foreign Economic Relations Department
Ministry of Planning and Investment


KOICA-VO-13-81

February 18th, 2013

Dear Mr. Khang,

Re: Master of Development Cooperation Policy at Seoul National University

First, let me express my sincere thanks for your kind cooperation extended to KOICA Vietnam Office and I am pleased to inform you of the training program as follows:

- Course information: Master Degree Program in Development Cooperation Policy at Seoul National University
- Duration: August 30th, 2013 ~ December 31st, 2014 (16 months)

The course aims to secure a pool of future international experts with professionalism and competence needed for international development cooperation; to contribute to the development of human resources who will positively and effectively contribute to the socio-economic advancement of developing countries as well as to share Korea's experience and knowledge with other developing countries which will enhance their ability to further their expertise in the areas of economic development and quality of life.

In this regard, it would be highly appreciated if you could recommend at least 04 (four) eligible candidates and send their application documents to KOICA Vietnam Office no later than March 8th, 2013. The most qualified nominees (1 ~ 2 persons) will be chosen through a fair international competition.

As usual, the expenses borne by KOICA will cover tuition fee, accommodation, living allowance, meals, research materials, field trips and overseas travel insurance during the program. Please refer to Program Information enclosed herewith for details.

Anticipating your close and continuous cooperation, I look forward to your earliest nomination of the candidates.

Yours sincerely,


Kim In
Resident Representative



Enc: Program Information of program

KOICA



WORLD
FRIENDS
KOREA

KOREA INTERNATIONAL COOPERATION AGENCY

KOICA Office in Vietnam: ~

7th Floor, Daeha Business Center, 360 Kim Ma Str., Ba Dinh, Hanoi, Vietnam

Tel: (84-4) 3831-6911/3831-5108 Fax: (84-4) 3831-6912

<http://www.koica.go.kr>

Mr. Hoang Viet Khang
Director General
Foreign Economic Relations Department
Ministry of Planning and Investment

KOICA-VO-13-75

February 1st, 2012

Dear Mr. Khang,

Re: Master of Public Administration

First, let me express my sincere thanks for your kind cooperation extended to KOICA Vietnam Office and I am pleased to inform you of the training program as follows:

- Course information: Master Degree Program in Public Administration at GSPA & SNU
- Duration: August 19th, 2013 ~ December 18th, 2014

The course aims to train global leaders among public officials in developing countries to promote economic and social development and to equip public officials with administrative capacity based on knowledge of human resource, organization, finance and policy expertise as well as to share Korea's experience in development administration to ultimately assist participants in promoting development in their home country.

In this regard, it would be highly appreciated if you could recommend at least 04 (four) eligible candidates and send their application documents to KOICA Vietnam Office no later than March 1st, 2013. The most qualified nominees (1 ~ 2 persons) will be chosen through a fair international competition.

As usual, the expenses borne by KOICA will cover tuition fee, accommodation, living allowance, meals, research materials, field trips and overseas travel insurance during the program. Please refer to Program Information enclosed herewith for details.

Anticipating your close and continuous cooperation, I look forward to your earliest nomination of the candidates.

Yours sincerely,


Kim In
Resident Representative



Enc: Program Information of program

PART II. PROGRAM OVERVIEW

■ **Program Title:** Global Master of Public Administration (GMPA)

■ **Duration:** August 19, 2013 – December 18, 2014 (16 Months Study in Korea)

December 19, 2014 – August 31, 2015 (8 Months thesis revision in
home country)

■ **Objectives**

- To train global leaders among public officials in developing countries to promote economic and social development.
- To equip public officials with administrative capacity based on knowledge of human resource, organization, finance and policy expertise.
- To share the Korean experience in development administration to ultimately assist participants in promoting development in their home country.

■ **Training Institution**

Graduate School of Public Administration (GSPA),
Seoul National University (<http://gmpa.snu.ac.kr>)

■ **Number of Participants:** 14

■ **Language:** English fluency that requires no translation

PART III. HOW TO APPLY

1. APPLICATION ELIGIBILITY

- Citizens of <KOICA Scholarship Program> partner countries
- Officially nominated by their governments
- Government officials or employees in the public sector. Private sector employees are not eligible. However, if the applicant works in a development non-governmental organization (NGO) or UN-associated organization, they can apply on the condition that he/she obtains a recommendation from the government ministry which covers the organization.
- University/college graduate or have an equivalent educational background.
- Have a good command of both spoken and written English in order to take classes conducted entirely in English and to be able to write academic reports and theses in English.
- In good health, both physically and mentally. Pregnancy, HIV/AIDS, tuberculosis or any kind of contagious disease are regarded as a disqualifying conditions for the program.
- Have not previously received a scholarship from the Korean government.
- Have not withdrawn from KOICA SP program due to submission of false documents, below average school performance, or violation of school regulations

2. APPLICATION PROCEDURE

a. Admission Decision Procedure

- Round 1: Evaluation of Application Package
- Round 2: Phone Interview and Essay Test

* Note: Interview and Essay Test will be conducted only for those applicants who have passed the Round 1 evaluation. Essay Test will be conducted shortly after the interview in the Round 2.

PART IV. PROGRAM CONTENTS

1. ACADEMIC SCHEDULE	Parts	Academic Calendar
Preparatory Session	2013/08/19	Check in the Dormitory & GMPA Orientation
	2013/08/20	Seoul Immigration Office
	2013/08/20~08/31	Preparatory session
2013 Fall Semester	2013/08/23~8/29	Course Registration
	2013/09/01	Fall Semester Starts
	2013/12/13	Fall Semester Ends
2013 Winter Semester	2013/12/23	Winter Semester Starts
	2014/1/24	Winter Semester Ends
	2014/01/23 ~ 01/29	Course Registration for Spring Semester
2014 Spring Semester	2014/03/02	Spring Semester Starts
	2014/03/02	Submission of 2 Book Review to obtain the qualification to write a thesis
	2014/03/10	Book Review Interview and Oral Defense
	2014/04/30	Application for Writing a Thesis and Submission of Thesis Essentials
	2014/05/15	Application for Thesis Preliminary Oral Defense and Submission of Thesis Proposal
	2014/05/30	Thesis Oral Defense (Preliminary)
	2014/06/23	Spring Semester Ends
2014 Summer Semester	2014/06/23~08/01	Summer Semester
	2014/08/01~08/06	Course Registration for Fall Semester
2014 Fall Semester	2014/09/01	Fall Semester Starts
	2014/09/30	Submission of Confirmation of Thesis Interim Evaluation
	2014/10/31	Submission of Thesis Final Version
	2014/11/15	Thesis Oral Defense (Final)
	2014/12/15	Fall Semester Ends
	2014/12/18	Departure
2015 Spring Semester	2014/12 ~ 2015/08	Thesis revision under professor's supervision and completion in home country

NOTE: 1. The above schedule is subject to change.

2. The detailed program schedule will be provided upon arrival.

Important Notes for All Applicants:

1. All KOICA and SNU forms should be **typed in English**. And all documents should be in English or Korean. If it's in any other language, you must submit a notarized / certified translation (in English or Korean) completed by a public notary in the country in which the document was originally produced
2. If any of the submitted materials contain false information, admission will be rescinded.
3. **Original documents should be submitted.** Should they be unavailable, however, copies must be authorized by the originating institution before they are submitted
4. Applicants whose forms and supporting documents are incomplete or unsatisfactory will be disqualified from the admission process.
5. Be sure to make and keep photocopies of all completed forms. Submitted documents become property of SNU and will not be returned to the applicants.
6. Verification of Academic Record form will be a part of the application.
7. Detailed account of individual admissions decision for each applicant cannot be disclosed.
8. Please be sure that, in principle, any modification or cancellation will not be accepted after completing the application.
9. Applicants should take full responsibility for any disadvantages due to the mistakes or omissions on the application.
10. Applicants, who transferred during their prior course of studies, must submit their full complete academic records from all the applicable institution including Transcripts and Certificate of Graduation / Attendance.

For more information, including downloadable application forms, please refer to SNU Admission Guideline (<http://en.snu.ac.kr/apply/>) or (<http://admission.snu.ac.kr>)

Global Master of Public Administration website (<http://gmpa.snu.ac.kr>).

PART VIII. OTHERS

1. CONTACT INFORMATION

- a. **Korea International Cooperation Agency (KOICA)**
(<http://www.koica.go.kr>)

Ms. Mi Park

Program Manager

Capacity Development Program Department

Korea International Cooperation Agency (KOICA)

418 Daewangpangyo-ro, Sujeong-gu, Seongnam-Si, 461-833 Gyeonggi-do,

Republic of Korea

E-mail address: eduinun@koica.go.kr

Tel: +82-31-740-0412

Fax: +82-31-740-0684

- b. **Graduate School of Public Administration (GSPA),
Seoul National University**

• Program Manager : **Ms. Yongmi Lee**

Global Master of Public Administration Office

Rm. 202, Bldg. 57, Daehak-dong, Gwanak-ku, Seoul, Korea

• Tel: +82-2-880-9272

• Fax: +82-2-877-5622

• Email: snugmpa@gmail.com, selyml@snu.ac.kr

• Homepage: <http://gmpa.snu.ac.kr>

IV. OTHERS					
Restriction on Food/Behavior/Medication	Any restrictions on food, behavior or medication due to health or religious reasons?				
	<input type="checkbox"/> Yes >> <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Others()/ <input type="checkbox"/> No				
V. CAREER					
Career over the past 5 years					
Organization	Department	Position/ Responsibilities	Period(dd/mm/yy)		
			From	To	
Educational Background					
Educational Institution	Field of Study and Degree	Location (City/ Country)	Period(dd/mm/yy)		
			From	To	
Previous Attendance					
Have you previously attended any courses sponsored under programs of Korea (KOICA) or of other countries?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, please be specific as follows		
Education Institution	Field of Study / Diploma	Location (City/ Country)	Period(dd/mm/yy)		
			From	To	
VI. LANGUAGE PROFICIENCY					
English:					
	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: <input type="checkbox"/> TOEFL: _____ <input type="checkbox"/> TOEIC: _____ <input type="checkbox"/> Others(): _____ (<input type="checkbox"/> IBT, <input type="checkbox"/> CBT, <input type="checkbox"/> PBT) score score score					

VII. TERMS AND CONDITIONS

Participants commit to read, abide by, and respect the following terms and conditions that KOICA endorses in implementing the training program:

1. Privacy and Copyright Policy

- a. Participants agree that KOICA is able to provide and disclose participant information, including the name, nationality, gender, contact information, organization and position of participants, to relevant entities within the limit provided by KOICA policy, regulations or thereof
- b. Participants accept the KOICA's right of using all the documents or products produced by participants for the purposes of the training program (e.g.: country report, action plan, etc.) including its duplication, translation, distribution, and/or posting to websites (KOICA training website and/or other Korean government websites related to Korean ODA).

2. Attendance and Punctuality Policy

- a. Participants should submit/present on-time reports that have been requested.
- b. Participants should be punctual for any occasion in KOICA training program.
 - ※ The followings are all monitored and included within the evaluation of the program by KOICA: absence without prior notice, sufficient reason or proper explanation; and habitual tardiness.
- c. Participants must leave Korea upon the completion of the training program within three calendar days (seven calendar days for the Scholarship Program) unless they have obtained prior approval from KOICA and the government of their country of residence.

3. Policy on Misconduct

- a. Any form of harassment or insult, including but not limited to misconduct arising out of racial/ethnic, gender or class discrimination, whether it be physical or verbal, will not be tolerated and will be dealt with in accordance with the Korean law and KOICA policy.
- b. Especially, sexual harassment, defined as a form of behavior characterized by sexually connotative words, acts or gestures that could undermine individual dignity and by which the victim takes offense, is regarded as a serious misconduct and will be dealt with accordingly.
- c. Any kind of disturbance to the efficient operation of the program, such as arbitrary action, including a breakaway from the training program, immoderate drinking, and any other kind of irresponsible behavior, will not be tolerated, and the offender may be asked to leave in accordance with KOICA policy.
- d. Should damage be caused by any kind of incident of assault or misconduct, all participants are obliged to report the event to KOICA immediately.

4. Security and Well-being Policy

- a. Participants are responsible for their own personal belongings, safety, health and well-being, and are asked to conduct themselves accordingly.
- b. Participants are served with the medical treatment covered by the travel insurance of KOICA for

accidents or diseases caused during the length of the participants' stay up to certain limits. Participants, however, should be solely responsible for the treatment that exceeds their medical coverage.

※ The cases of pregnancy or the treatment of any kind of chronic disease are excluded from the insurance coverage.

5. General Rules

- a. Participants of the program should carry out instructions given to them and abide by the terms and conditions of both KOICA and the training institute, including any subsequent revisions which may be stipulated by KOICA and the training institute in regards to the training program.
- b. Participants should not bring any family members (dependants) to Korea or the country of training
- c. Participants shall refrain from engaging in political activities and any form of employment for profit or gain during the length of stay in Korea.
- d. Participants are liable for all liabilities, including claims, losses, demands, actions, suits, costs or expenses, arising in accordance with legal proceedings undertaken during the course of the training course, and of any damage whatsoever to any property that arises from the carelessness, negligence, omission or default of the participants during the training course.

I, _____ of _____ have read and fully agree to
(name of applicant) (name of country)
the above Terms and Conditions set forth and declare that all the information given above is true and complete.

Date: _____ Applicant's Name: _____ Signature: _____

VIII. MEDICAL REPORT I (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 and completely to the best of my knowledge.

Date: _____

Signature of Applicant: _____

IX. 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	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Chest PA	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Urinalysis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Diabetes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Hepatitis B	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Syphilis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
AIDS	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Infectious disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Endemic disease	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pregnancy test	<input type="checkbox"/> Normal <input type="checkbox"/> 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 : _____

PART. II. COMPLETED BY NOMINATING GOVERNMENT/APPLYING ORGANIZATION

I. Reasons for Applicant's Selection

※ Please, attach your organization chart with the appropriate marking of applicant's position.

e.g.) relevance of course to applicant's job, employee retention, etc.

II. Organizational Setback or Challenges that You Wish to Address through Training Program

III. Plans to Apply the Lessons Learned from the Training to Your Organization

e.g.) ways to share and apply the KOICA training experience of the applicant in your organization

IV. OFFICAL NOMINATION

The Government of _____ officially nominates _____
name of country *full name of applicant*

for participation in _____ as organized by the Korean Government(KOICA)
training course title

and I, _____, on behalf of the Government of _____, certify that
authorized official

(a) All information including educational background and career quoted by the nominee in this form are true, complete and accurate to the best of my belief and knowledge.

(b) The nominee has an adequate knowledge of and/or expertise in the training field and has a sufficient proficiency of spoken and written English to enable him/her to undergo the training course.

Name(Authorized Official) : _____

Position/Title: _____

Organization: _____

Date: _____ Signature: _____

Interview Questions for the KOICA Scholarship Program

Guide for interviewer

The purpose of the interview is to check the motive, willingness to study and English proficiency of the applicants. The language of the interview should be English. These are the sample questions for the interview, and you may change them. However, the basic purpose of the questions should be respected. Please write down the result of the interview to the following evaluation sheet.

Section 1: Relevant Experience

1. What is your role in your organization, and how the work of your organization is related with the field of the Scholarship Program such as the International Studies (hereinafter referred to as the field)?
2. How long have you worked in the field? Please tell me about your career in the field including academic and working experiences.

Section 2: Application Motive

1. How did you know about the KOICA Scholarship Program? Who recommended you to this program?
2. What has motivated you to apply for this program?
3. What is your career goal? How do you see this program benefit your professional and personal goals?
4. What do you think are the most important factors in socio-economic development of your country and how do you think your study in Korea can contribute to achieving it?

Section 3: Preparation for the Program, etc.

1. How did you prepare for the KOICA Scholarship Program? (e.g., English proficiency or studying in related field, etc.)
2. The KOICA Scholarship Program is known as a very intensive course. What challenges do you think you might face in the program? How would you deal with it?

Attached: Evaluation Sheet



SEOUL NATIONAL UNIVERSITY

Form 1: APPLICATION FOR ADMISSION

REGISTRATION NUMBER

*Do not write in this area.

- Please type or print in English or Korean. This form is two pages in length.
- Print this form after completing the online registration and mail it to the following address :

Office of Admissions
Seoul National University
1 Gwanak-ro, Gwanak-gu
Seoul 151-742, KOREA

COLLEGE / DEPARTMENT

- For which admissions season are you applying? ☐ Fall, 2013 ☐ Spring, 2014
- Check the appropriate box and indicate your desired program of study. Please consult the admissions booklet Appendix 1. You may only apply to one program.

<input type="checkbox"/> Undergraduate Freshman	College _____	Admission Unit _____
<input type="checkbox"/> Undergraduate Transfer	College _____	Department _____
<input type="checkbox"/> Master's Program	College / School / Major _____	
<input type="checkbox"/> Combined Master's/Doctoral Program	College / School / Major _____	
<input type="checkbox"/> Doctoral Program	College / School / Major _____	

PERSONAL INFORMATION

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

Salutation: ☐ Mr. ☐ Ms. Korean Name / 姓名: _____

Resident Registration Number / Passport Number: _____ / _____

Nationality: _____ Place of Birth: _____

When was your nationality acquired (國籍取得日 - DD/MM/YY): _____

Date of Birth (DD/MM/YY): _____ Marital Status: ☐ Single ☐ Married ☐ Other _____

Mailing Address: _____

_____ E-mail: _____

Telephone (Korea or permanent residence): _____ Cell Phone: _____

FAMILY INFORMATION

FATHER

Check one: ☐ Father ☐ Father deceased

Full Name: _____ Nationality: _____

Date of Birth: _____ Resident Registration No./Passport No.: _____

MOTHER

Check one: ☐ Mother ☐ Mother deceased

Full Name: _____ Nationality: _____

Date of Birth: _____ Resident Registration No./Passport No.: _____

Check if applicable: ☐ Parents divorced

ACADEMIC INFORMATION

※ 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.

	Dates Attended (DD/MM/YY)	Name of School	Complete Address of School, including Country (English only)	(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 / /			/ /		
Secondary (Middle & High) Schools	From / / To / /			/ /		
	From / / To / /			/ /		
	From / / To / /			/ /		
Post-Secondary Studies (Undergrad / Graduate)	From / / To / /	(Major:)		/ /		
	From / / To / /	(Major:)		/ /		
	From / / To / /	(Major:)		/ /		

I declare that the information contained in this application is complete, accurate and true. I understand that any untrue, misleading or omitted information may result in my disqualification from further consideration for admission and may cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date. I agree to abide by the rules and regulations in the Admission Guide for International Students and will take full responsibility for any problems arising from failing to adhere to the same.

Applicant's Signature

Date (DD/MM/YY)



SEOUL NATIONAL UNIVERSITY
Form 2: Personal Statement & Study Plan
FOR GRADUATE PROGRAM APPLICANTS

Please type or print in English or Korean.

Please feel free to attach additional sheets if necessary.

ACADEMICS

Current or most recent school or institution attended _____

Entry Date mm/yyyy _____ (Expected) Degree Conferred _____ Graduation Date mm/yyyy _____

Institution Address _____
Number & Street

City/Town _____ State/Province _____ Country ZIP/Postal Code _____
Applicant's Name _____ Birthdate mm/dd/yyyy _____ Department of your choice _____

PERSONAL STATEMENT

Short Answer

1. Please describe any unique characteristics of your institutions or distinctive qualities to your previous education. Give a brief account of the curriculum and mention any set of courses which were pedagogically significant in shaping your current academic interests.

2. In relation to your academic interests and personal perspectives, please describe your aptitude and motivation for the department of your choice, including your preparation for this field of study, your academic achievement and commitment. You may briefly elaborate in addition on any of your extracurricular activities or work experiences in the space below.

Personal Essay

3. This personal essay helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize your thoughts and express yourself. Given your personal background, evaluate a significant experience, achievement, risk you have taken; or discuss an issue of personal, local or international concern and its importance to you; or describe a person who has had a significant influence on you, and describe that impact. We are looking for an essay that will help us know you better as a person and as a student.

STUDY PLAN

Please explain in some detail your purpose in studying at Seoul National University and your plans for study. Be as specific as you can regarding your academic interests and the curriculum you expect to follow in achieving your goals.

REQUIRED SIGNATURE

I certify that all information submitted during the admissions process – including the application, the personal essay, any supplements, and any other supporting materials – is my own work, factually true, and honestly presented. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I've certified be false.

Signature _____ Date _____
mm/dd/yyyy



SEOUL NATIONAL UNIVERSITY
Form 3: RECOMMENDATION

REGISTRATION NUMBER

* Do not write in this area.

- Please type or print in English or Korean. This form is two pages in length.
- Mail the completed form to the following address by the application deadline: Office of Admissions
Seoul National University
1 Gwanak-ro, Gwanak-gu
Seoul 151-742, KOREA

TO BE COMPLETED BY THE APPLICANT

- For which admissions season are you applying? ☐ Fall, 2013 ☐ Spring, 2014
- Complete this section and give this form with a stamped and addressed envelope to a recommender who knows you well.

Applicant's Name: _____
Current/Last School: _____
Passport No.: _____ Date of Birth (DD/MM/YY): _____
Proposed Dept/Program: _____ E-mail: _____

1. I request that this recommendation be treated confidentially by the officers and faculty members of SNU.	<input type="checkbox"/> Agree	Date
2. I waive my right of access to this recommendation.	<input type="checkbox"/> Agree	
3. I take full responsibility for any falsity in the submitted materials.	<input type="checkbox"/> Agree	
4. I hereby affirm that all the contained information is true and complete.	<input type="checkbox"/> Agree	DD/MM/YY

TO BE COMPLETED BY THE RECOMMENDER

- We appreciate your candid evaluation of the named applicant and his or her capacity for success as a student in the proposed field of study. Your recommendation plays an important role in the admissions process. We will not evaluate a candidate's application until your recommendation is received.

Name: _____ E-mail: _____
Title, Position and Institution: _____
Address: _____
Telephone: _____
How long have you known the applicant and in what context? _____

- Please rate the applicant by checking the appropriate box. Relative to other students you have known, how do you rate this applicant in terms of:

	Below average	Average	Good	Excellent	Top few ever encountered	No basis for judgment
Academic achievement						
Academic motivation						
Future academic potential						
Leadership / Influence						
Concern for others						
Emotional maturity						
Written expression						
Oral expression						
Creativity/Originality						
Respect for differences						

-
1. **Academic / intellectual evaluation:** Please comment on the nature and quality of the applicant's academic performance and potential. We are especially interested in your evaluation of the applicant's academic achievement, motivation, originality of thought, creativity, intellectual depth or breadth, and academic promise.

-
2. **Personal / interpersonal evaluation:** What are your impressions of the applicant as a person? How is he or she viewed by professors (teachers)? How does the applicant interact with others? What are the applicant's major strengths and weaknesses?

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3. **Additional comments:** Is there anything else we should know about this applicant? Please feel free to attach additional sheets if necessary.

Recommender's Signature

Date (DD/MM/YY)



SEOUL NATIONAL UNIVERSITY

Form 4: FINANCIAL CERTIFICATION

REGISTRATION NUMBER

*Do not write in this area.

APPLICANT'S INFORMATION

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

Salutation: ☐ Mr. ☐ Ms. Marital Status: ☐ Single ☐ Married ☐ Other _____

Proposed Dept./Program of Study: College/School: _____ Dept./Major: _____

For each dependent accompanying you, please list the following information:

Name	Gender	Relationship to applicant	Date of Birth	Nationality

PLEASE READ CAREFULLY

- You and/or your sponsor are responsible for all educational and living expenses for the entire duration of your study at SNU. This includes the living costs of any accompanying dependents or family members.
- The minimum amount of funds that should be available is US\$10,000 in the bank account(s) of you and/or your sponsor. If you are receiving a scholarship from an organization toward your studies at SNU, please describe it under the sponsor information.
- If admitted, the following list of documents will be required for your VISA issuance: bank statement, certificate of employment / business registration, tax payment information, etc.

SPONSOR INFORMATION

PERSONAL OR FAMILY SPONSOR

Name: _____

Relationship to Applicant: _____ Occupation: _____

Address: _____

Tel: _____

Name of Bank: _____ Tel/Fax: _____

Amount of Deposit: US\$ _____

ORGANIZATION (Government, Educational Institution, or Official Agency – if applicable)

Name of Organization: _____

Address: _____

Tel.: _____ Fax: _____ Amount of Financial Support: US\$ _____

I certify that I have sufficient funds for my studies at SNU. The information provided on this form is accurate. I understand that any untrue or misleading information may result in my disqualification from further consideration for admission and may cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date.

Applicant's Signature

Date (DD/MM/YY)



SEOUL NATIONAL UNIVERSITY

Office of Admissions, Seoul National University
1 Gwanak-ro, Gwanak-gu, Seoul 151-742, Korea

Tel 82-2-880-6971, 6977, Fax 82-2-873-5021

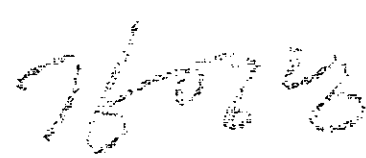
Session: Fall 2013

Name of Institution: ① _____
- School/Dept./Major: ② _____
- Duration of Enrollment: ③ _____
- Address: ④ _____
- Date of Graduation: ⑤ _____ Degree Conferred: ⑥ _____

To whom it may concern:

We are pleased to inform that (⑦ _____), your alumnus/alumnae or a current student, has been admitted to Seoul National University. Please examine the enrollment record above, complete the verification report below and return it to us as soon as possible. Do not separate the verification report portion as the form is required to be returned in its entirety. Your answers are greatly appreciated and will be held in strict confidence.
Thank you for your cooperation.

Sincerely yours,



Kim, Young-Hwan
Director, Division of Admissions
Seoul National University

LETTER OF AGREEMENT

To whom it may concern:

Please note that I have applied to Seoul National University in Seoul, Korea for the 2013 Fall Semester and agree that Seoul National University could rightfully make a request for my enrollment records.
In accordance with my agreement, I request your full cooperation to Seoul National University in providing the requested information.

Name: ⑧ _____ (Signature) ⑨ _____
Date of birth: ⑩ _____

VERIFICATION REPORT

Accuracy of enrollment record above: Correct ☐ Incorrect ☐
Additional comments:

Name: _____ Title: _____ (Signature) _____

※ Instructions

1. Must type in English. Please type in the answers on a PC and print out the completed form for submission. (Chinese character may be used for Chinese or Japanese schools.)
2. The letter of agreement will be sent to the school, from which you have graduated, in order to obtain confirmation on your academic records. Any falsified information on your application documents or a lack of response from the school can be grounds for rescinding of the offered admission.
3. The answers must pertain to the final school/university from which you have graduated (will graduate).

4. Instructions for completion

- ① Name of School or University you have attended
- ② Please write down the name of School (Department) and Major.
- ③ Please write down the exact date of admission (transfer) and date of graduation (withdrawal).
Please provide date, month, and year in the order listed for each record.
- ④ Full Address of the School or University including Zip Code
- ⑤ Exact date of Graduation (dd/mm/yyyy)
- ⑥ Degree Conferred
- ⑦ Name of Applicant
- ⑧ Name of Applicant
- ⑨ Applicant's Signature
- ⑩ Applicant's Date of Birth (dd/mm/yyyy)