

Application

CHONBUK NATIONAL UNIVERSITY
Jeonju 561-756, KOREA

Phone : +82-63-270-2098, 2184 • Fax : +82-63-270-2099
E-mail : ioffice@cbnu.edu • http://www.cbnu.edu

International Fellowship Research Program



1. 성명 Name

(in native Language)

Family name First name Middle name

(in English)

Family name First name Middle name

Paste your passport
photograph taken
within the
past 5 months.
(3×4 cm)

최근 5개월내에 찍은
여권사진을 붙일 것

2. 국적 Nationalty

3. 생년월일 Date of Birth

Month

Day

Year

4. 성별 Gender

남 Male

여 Female

5. 결혼여부 Martial Status

미혼 Single

기혼 Married

6. 현주소 Present Address

주소 Mailing Address

전화번호 Phone Number

팩스 Fax

전자우편 E-mail

7. 학력 Academic Background

	학교 및 주소 Name and Location of School	입학 및 졸업년월 Year and Month of Entrance and Completion	전공 Major	학위 및 자격 Diploma or Degree Awarded
대학 Undergraduate				
대학원 Graduate				

8. 전북대학교에서의 연구계획 Your Planned Major at CBNU

- 학과(부) Division or Department : _____
- 전공 Major Field : _____
- If you want to take Korean language course only, check here.

★ 한국어 교육 후 잔여기간 체류할 연구생은 반드시 전공학문을 기록 할 것.

★ If you want to continue to study for another 5 months after Korean Education Period ends, please clearly indicate major field you want to study.

9. 어학능력 Language Proficiency

언어 Language	수준 Level	점수 및 시험 Score and Name of the test
한국어 Korean	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
영어 English	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

10. 가족상황 Family Background

성명 Name	관계 Relationship	나이 Age	직업 Occupation	주소 Address

11. 취업경력 Employment Experience

기업명 Name of Organization	근무기간 Period of Employment	직위 Position	직무내용 Type of Work
	~		
	~		

12. 본국 비상연락처 Person to Be Notified in Case of Emergency

성명 Full Name _____ 관계 Relationship _____

주소 Address _____

전화번호 Phone Number _____

신청일자 Date of Application _____

신청자 성명 Applicant's Name _____

서명 Signature _____

Certificate of Health

(to be completed by the examining physician)

★ 한글 또는 영어로 명확하게 기록하십시오. (Please fill out (PRINT/TYPE) in Korean or English)

이름 Name 남 Male 생년월일 Date of Birth
 여 Female

Family name First name Middle name

1. 신체검사 Physical Examinations

키 Height	cm	몸무게 Weight	kg
혈압 Blood pressure	mm/Hg~ mm/Hg	맥박수 Pulse rate	/min <input type="checkbox"/> 규칙 regular <input type="checkbox"/> 불규칙 irregular
시력 Eyesight (R)	(L)	(R)	(L) <input type="checkbox"/> (+) <input type="checkbox"/> (-)
교정 전 시력 without glasses		교정 시력 with glasses or contact lenses	
청력 Hearing	<input type="checkbox"/> 정상 normal <input type="checkbox"/> 저하 impaired	언어 Speech	<input type="checkbox"/> 정상 normal <input type="checkbox"/> 이상 impaired

2. 지원자의 흉부 신체검사와 X-ray 검사결과를 기술하시고 X-ray를 찍은 정확한 날짜를 기록하십시오. (본 진단서 발행 6개월전의 X-ray는 유효하지 않습니다.)

Please describe the results of physical and X-ray examinations of applicant's chest, also note the exact date that x-ray is taken. (X-ray taken 6 month prior to the certification is NOT valid)



Cardiomegaly (+) (-)

luge 이상 없음 (-) 있음 (+)

Date _____
Film No. _____

3. 병력 : + 또는 -를 이용해 표시하시고, 회복된 날짜를 적어주십시오. Past history : Please indicate with + or - and fill in the date of recovery

- Tuberculosis (. . .)
- Malaria (. . .)
- Other communicable disease (. . .)
- Epilepsy (. . .)
- Renal Disease (. . .)
- Cardiac Diseases (. . .)
- Diabetes (. . .)
- Drug Allergy (. . .)
- Psychosis (. . .)
- Functional Disorder in extremities (. . .)

4. 소변검사 Laboratory tests

Urinalysis : glucose (), protein (), occult blood ()

적혈구침전속도 • ESR : mm/Hr • WBC count : /cmm • Hemoglobin : gm/dl • GPT :

5. 의사소견 Please describe your impression

지원자의 병력 및 위 검사 결과, 지원자의 건강상태가 한국에서 수학하기에 적합하다고 생각하십니까?

In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Korea?

날짜 Date : _____ 서명 Signature : _____

의사이름 Physician's Name in Print : _____ 검사기관명 Office/Institution : _____

주소 Address _____



学生宿舍入舍愿书 Application for Residence Hall

Please type or print your answers in the space provided below each item except item with a mark, *.

本人 Applicant	姓名 Name	姓 Last	名 First	照片 Paste your passport photograph taken within the past 5 months. (3×4 cm)
	College	大学 Department	科(部) Year	
	出生年月 Date of Birth	20 年 月 日	Month Day Year	
	性别 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	Korean Roommate	<input type="checkbox"/> Yes <input type="checkbox"/> No
	国籍 Nationality		指导教授 Supervisor	姓名 Name : 连络处 Phone :
	学历 Educational Background	大学校(院) Undergraduate School		电话 Telephone No. / 手机 Mobile Phone / 身长 Height / cm

韩国内 保护者 Guardian In Korea	姓名 Name	姓 Last	名 First	关系 Relationship
	职业 Occupation			住地 Address
	自宅电话 Phone at Home			
	职场电话 Phone at Office			
前学期成绩 School Record of the Previous Semester				
食堂选择 Choose a way of boarding	宿所食堂 Dormitory Cafeteria		个别式 Other	

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