**CHECK LIST OF DOCUMENTS**

***(for* *Fall Semester 2019 International Graduate Enrollment)***

|  |  |  |  |
| --- | --- | --- | --- |
| Application Number | - To be filled in - | Applicant Name |  |
| Intended program | International Nuclear &Radiation Safety MS Degree Program | Intended Department | Nuclear and Quantum Engineering (KINS-KAIST) |

|  |  |  |
| --- | --- | --- |
|  | **Categories** | **Check with ☑** |
|
| **Mandatory documents** | 1. This CHECK LIST
 | - |
| 1. Admission Application Form
 | 🞏 |
| 1. Statement of Purpose
 | 🞏 |
| 1. Statement of Financial Resources
 | 🞏 |
| 1. Two Letters of Recommendation from Teachers/Professors
 | 🞏 🞏 |
| 1. A Letter of Recommendation from the Applicant’s Employer
 | 🞏 |
| 1. Graduation, Degree/Diploma, Credentials Certificates
 | 🞏 |
| 1. Transcripts of academic records
 | 🞏 |
| 1. Certificate of Official English Proficiency Test
 | 🞏 |
| 1. Curriculum Vitae
 | 🞏 |
| 1. Identity Documents (applicant’s)
 | 🞏 |
| 1. Identity Documents (parents’)
 | 🞏 |
| 1. Medical Report
 | 🞏 |
| **Optional** | 1. Awards, Honors, Prizes, Merits, Distinction, or Decoration
 | 🞏 |
| 1. School Profile and Credit Rating System
 | 🞏 |

 ※ Shaded areas indicate mandatory fields that must be filled in.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Application for Admission****for Fall Semester 2019 International Graduate Enrollment** |

|  |
| --- |
| APPLICATION NUMBER |
| Given by KAIST*It’s okay not to writeapplication no.* |
|  |

 |

**1. Applicant Information**

|  |  |  |
| --- | --- | --- |
| **Name in English****(last/first/middle)** |  | **Photo****(jpg,gif,png only)** |
| **Nationality** |  | **Gender** |  |
| **Acquisition Date of Citizenship** (dd/mm/yyyy) |  | **Marital Status** |  |
| **Date of Birth**(dd/mm/yyyy) |  | **Place of Birth** |  |
| **Passport # / Resident Registration #** |  |
| **Alien Registration Card#** |  |
| **Contact Information** |  |
| **Address :** **E-mail :** **Telephone :****Mobile Phone :****Fax :****Telephone # in Korea *(if any)*:** |  |

**2. Intended Program & Major**

|  |  |
| --- | --- |
| **Intended Program**(MS/MS+Ph.D./Ph.D.) | International Nuclear &Radiation Safety MS Degree Program |
| **Intended Department** Nuclear and Quantum Engineering (KINS-KAIST) |

**3. English Proficiency Test**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PBT****TOEFL** | **CBT****TOEFL** | **IBT****TOEFL** | **TEPS** | **IELTS** | **TOEIC** | **Others** |
| **L&R** | **Speaking** | **Writing** |
| **Score****Or Level** |  |  |  |  |  |  |  |  | ⬜ Native English Speaker⬜ Exempted Department (GITTP) |
| **Date taken** (dd/mm/yyyy) |  |  |  |  |  |  |  |  |

**4. Academics**

 **Education**

List the names and other necessary information of the schools you have attended or are attending in chronologically.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date of** **(mm/yyyy)** | **School Information** | **Academic Achievement** |
| entrance | graduation |
| Bachelor’s | / | / | Name:  | GPA | Earned/Full mark |
| Postal Address:  Telephone: url: | Major |  |
| Minor |  |
| Dual Major |  |
| / | / | Name:  | GPA |  |
| Postal Address:  Telephone: url: | Major |  |
| Minor |  |
| Dual Major |  |
| Master’s | / | / | Name: | GPA |  |
| Postal Address:  Telephone: url: | Major |  |
| Minor |  |
| Dual Major |  |
| / | / | Name: | GPA |  |
| Postal Address:  Telephone: url: | Major |  |
| Minor |  |
| Dual Major |  |
| Doctorate | / | / | Name: | GPA |  |
| Postal Address:  Telephone: url: | Major |  |
| Minor |  |
| Dual Major |  |
| / | / | Name: | GPA |  |
| Postal Address:  Telephone: url: | Major |  |
| Minor |  |
| Dual Major |  |

※ Have you accepted to KAIST before? □No, □Yes, Program (BS/MS/MS-Ph.D/Student Exchange), Year **5. Publications**

Please list the publications related to your proposed field of study, including graduation dissertation.

|  |  |  |
| --- | --- | --- |
| **Date****(mm/yyyy)** | **Titles** | **Name of Journal or** **Graduation dissertation** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**6. Work/Research Experience**

Please list your main work experience and paid jobs related to your study and research.

|  |  |  |  |
| --- | --- | --- | --- |
| **Period****(mm/yyyy)** | **Name & Location of Workplace** | **Position** | **Type of Work** |
| **from** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**7. Academic Reference**

|  |  |
| --- | --- |
| **Recommender’s Name** |  |
| **Affiliation** |  |
| **Position** |  |
| **Postal Address** |  |
| **E-mail**  |  | **Tel** |  |
| **Recommender’s Name** |  |
| **Affiliation** |  |
| **Position** |  |
| **Postal Address** |  |
| **E-mail**  |  | **Tel** |  |

This application requires two Letters of Recommendation from your professors or/and supervisors. Please complete the following information below to help us know who will be sending your recommendation letters.

**8. Writing**

**Write a detailed and accurate statement of your purpose and objective in pursuing your study at KAIST.**

**Describe any work and/or academic experiences related to your chosen field of study. (100 words of fewer)**

|  |
| --- |
|  |

**I have completed the applicable spaces on this form and I affirm their accuracy. I understand that any misrepresentation of facts on this form may be cause for refusal or cancellation of admission to KAIST.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Applicant’s Signature Date (dd/mm/yyyy)*

|  |
| --- |
| ***KINS-KAIST International Nuclear and Radiation Safety Master’s Degree Program*****Statement of Purpose** |
|  **Application Number** |  | **Applicant’s Name**  |  |
| *In the allotted space, write a detailed and accurate statement of your purpose and objective in pursuing your study at KAIST and KINS. Describe any work and/or academic experiences related to the program.* |
| I certify that the above statements are true and correct. I understand that any misrepresentation herein may result in cancellation of my admission to KINS-KAIST International Nuclear Safety Master’s Degree Program. *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Applicant's Signature Date (dd/mm/yyyy)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **STATEMENT****OF FINANCIAL RESOURCES****for Fall Semester 2019 International Graduate Enrollment** |

|  |
| --- |
| APPLICATION NUMBER |
| Given by KAIST*It’s okay not to writeapplication no.* |
|  |

 |



Please fill out this form and check appropriate source of finance below for the tuition, fees, and living expenses you need during your study at KAIST and submit this form along with other necessary documents to complete your application.

\*The information provided below will not affect the admissions decision in any way.

**APPLICANT INFORMATION**

**English Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(as appeared in your passport) Family / Last First Middle

**Gender**: ⬜ Male ⬜ Female **Marital Status**: ⬜ Single ⬜ Married ⬜ Other ( )

**Intended Program**: ⬜ MS ⬜ MS+Ph.D ⬜ Ph.D **Intended Major**:

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality**:

**Passport Number or Resident Registration Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that all information given above is true and complete. I understand that any omission or misrepresentation herein may result in cancellation of my admission to KAIST.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Applicant’s Signature Date (dd /mm/ yyyy)*

**FINANCIAL RESOURCE**

|  |  |  |
| --- | --- | --- |
| Resource | Sponsor Name | Amount (USD) |
| First Year (Guaranteed) | EnsuingYears (Expected) |
| ⬜ Self-Support (Please attach the bank statement indicatingyour capacity to pay expenses at KAIST) | ⬜ Tuition & Fees ⬜ Living Expenses |  |  |
| ⬜ Parental and/or Individual Sponsor (Please attach the bank statement(s) indicating sponsor(s)’ capacity to pay expenses at KAIST) | ⬜ Tuition & Fees ⬜ Living Expenses |  |  |
| 🗹 Sponsoring Organization, Firm or Government | ⬜ Tuition & Fees KINS ⬜ Living Expenses KINS | **USD15,000** | **USD30,000** |
| ⬜ KAIST Scholarship | ⬜ Tuition & Fees ⬜ Living Expenses | N/A | N/A |

**SPONSOR INFORMATION**

Note: Please provide us the following information for each sponsor. (No need to fill out this part for KAIST Scholarship applicants.)

**Name**: **Korea Institute of Nuclear Safety (KINS)**  **Relationship with Applicant:**

**Occupation**:

**Contacting Information**:

**Address: 62 Gwahak-ro, Yuseong-gu, Daejeon, Korea**

**E-mail:** **k536cjw@kins.re.kr** **Fax: +82-42-861-4046**

**Telephone: +82-42-868-0681 Cell Phone: +82-10-9060-9178**

I hereby guarantee that I will be responsible for the aforementioned applicant’s Tuition fee and(or)

Living expenses for the duration of the whole program at KAIST once admitted.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Sponsor’s Signature or Stamp Date (dd/mm/yyyy)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **For Fall Semester 2019 International Graduate Enrollment****LETTER OF RECOMMENDATION****by Academic Professor** |

|  |
| --- |
| **APPLICATION NUMBER** |
| Given by KAIST*It’s okay not to writeapplication no.* |
|  |

 |

**Please type neatly.**

**To be filled by the Applicant**

|  |  |
| --- | --- |
| **Name in English** | (last), (first) (middle) |
| **Date of Birth** |  | **Nationality** |  |
| **Intended Program** | International Nuclear &Radiation Safety MS Program |
| **Intended Department/Division** | Nuclear and Quantum Engineering (KINS-KAIST)  |
| **I hereby agree that this letter of recommendation remains strictly undisclosed, and will not request any reading or disclosure of information given in this letter.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Applicant’s Signature Date (dd/mm/yyyy)* |

|  |  |
| --- | --- |
| **Name in English** | (last), (first) (middle) |
| **Position / Title** |  |
| **Affiliation** |  |
| **E-mail** |  |
| **Postal Address** |  |
| Zip code |  | City |  | Country |  |
| **Telephone** |  | **Fax** |  |
| **I hereby duly recommend the aforementioned applicant. I have carefully filled out this letter of recommendation by myself, and I am aware that my opinions provided herein may continue to serve as a reference in the subsequent admission process within KAIST.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Recommender’s Signature Date (dd/mm/yyyy)* |

 **To be filled by Recommender**

|  |
| --- |
| **Please return this letter after sealing and signing across the back of the envelop by the deadline to:** |
| **KINS-KAIST MS Program Coordinator****KAIST N27 Bldg. 6F Rm.6101, 291 Daehak-ro,****Yuseong-gu, Daejeon, Republic of Korea (305-701)** | **Phone: (+82-42) 350-8511, Fax: (+82-42) 350-8516** **E-mail: juyeong@kaist.ac.kr**[**http://admission.kaist.ac.kr/**](http://admission.kaist.ac.kr/) **http://www.kaist.edu/edu.html** |

**Background Information**

**Teaching Experience:** ( ) years and ( ) months

**How long have you known the applicant?:** ( ) years and ( ) months

**How well do you know the applicant?:** ⬜ very well ⬜ well ⬜ moderately ⬜ do not know well

**What are the three adjectives that come to your mind to describe the applicant?** :

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation**

**1. Please give your opinion on the applicant’s qualifications and potential for academic and professional achievement in the field of the applicant’s application.** *(200 words or less)*

|  |
| --- |
|  |

**2. Please rate the applicant in the table below, in comparison with all the students you have taught:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Exceptional** | **Very** **Good** | **Above Average** | **Average** | **Below Average** | **No Basis for Judgment** | **Remarks** |
| **Overall Academic Achievement** |  |  |  |  |  |  |  |
| **Academic Passion** |  |  |  |  |  |  |  |
| **Creative** **Problem-solving Ability** |  |  |  |  |  |  |  |
| **Research Aptitude** |  |  |  |  |  |  |  |
| **Promise as a professional In the field** |  |  |  |  |  |  |  |
| **Interpersonal Relationship** |  |  |  |  |  |  |  |
| **Leadership and Impact** |  |  |  |  |  |  |  |
| **Responsibility** |   |  |   |   |   |   |   |
| **Integrity** |  |  |  |  |  |  |  |
| **Ability to Cope with Hardships** |  |  |  |  |  |  |  |
| **Reading /Writing** **Ability in English** |   |  |   |   |   |   |   |
| **Listening/Speaking** **Ability in English** |   |  |   |   |   |   |   |

**3. Please summarize your overall opinion on the applicant.** *(100 words or less)*

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **For Fall Semester 2019 International Graduate Enrollment****LETTER OF RECOMMENDATION****by Academic Adviser**  |

|  |
| --- |
| **APPLICATION NUMBER** |
| Given by KAIST*It’s okay not to writeapplication no.* |
|  |

 |

**Please type neatly.**

**To be filled by the Applicant**

|  |  |
| --- | --- |
| **Name in English** | (last), (first) (middle) |
| **Date of Birth** |  | **Nationality** |  |
| **Intended Program** | International Nuclear &Radiation Safety MS Program |
| **Intended Department/Division** | Nuclear and Quantum Engineering (KINS-KAIST) |
| **I hereby agree that this letter of recommendation remains strictly undisclosed, and will not request any reading or disclosure of information given in this letter.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Applicant’s Signature Date (dd/mm/yyyy)* |

|  |  |
| --- | --- |
| **Name in English** | (last), (first) (middle) |
| **Position / Title** |  |
| **Affiliation** |  |
| **E-mail** |  |
| **Postal Address** |  |
| Zip code |  | City |  | Country |  |
| **Telephone** |  | **Fax** |  |
| **I hereby duly recommend the aforementioned applicant. I have carefully filled out this letter of recommendation by myself, and I am aware that my opinions provided herein may continue to serve as a reference in the subsequent admission process within KAIST.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Recommender’s Signature Date (dd/mm/yyyy)* |

 **To be filled by Recommender**

|  |
| --- |
| **Please return this letter after sealing and signing across the back of the envelop by the deadline to:** |
| **KINS-KAIST MS Program Coordinator****KAIST N27 Bldg. 6F Rm.6101, 291 Daehak-ro,****Yuseong-gu, Daejeon, Republic of Korea (305-701)** | **Phone: (+82-42) 350-8511, Fax: (+82-42) 350-8516** **E-mail: juyeong@kaist.ac.kr**[**http://admission.kaist.ac.kr/**](http://admission.kaist.ac.kr/) **http://www.kaist.edu/edu.html** |

**Background Information**

**Teaching Experience:** ( ) years and ( ) months

**How long have you known the applicant?:** ( ) years and ( ) months

**How well do you know the applicant?:** ⬜ very well ⬜ well ⬜ moderately ⬜ do not know well

**What are the three adjectives that come to your mind to describe the applicant?** :

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation**

**1. Please give your opinion on the applicant’s qualifications and potential for academic and professional achievement in the field of the applicant’s application.** *(200 words or less)*

|  |
| --- |
|  |

**2. Please rate the applicant in the table below, in comparison with all the students you have taught:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Exceptional** | **Very** **Good** | **Above Average** | **Average** | **Below Average** | **No Basis for Judgment** | **Remarks** |
| **Overall Academic Achievement** |  |  |  |  |  |  |  |
| **Academic Passion** |  |  |  |  |  |  |  |
| **Creative** **Problem-solving Ability** |  |  |  |  |  |  |  |
| **Research Aptitude** |  |  |  |  |  |  |  |
| **Promise as a professional In the field** |  |  |  |  |  |  |  |
| **Interpersonal Relationship** |  |  |  |  |  |  |  |
| **Leadership and Impact** |  |  |  |  |  |  |  |
| **Responsibility** |   |  |   |   |   |   |   |
| **Integrity** |  |  |  |  |  |  |  |
| **Ability to Cope with Hardships** |  |  |  |  |  |  |  |
| **Reading /Writing** **Ability in English** |   |  |   |   |   |   |   |
| **Listening/Speaking** **Ability in English** |   |  |   |   |   |   |   |

**3. Please summarize your overall opinion on the applicant.** *(100 words or less)*

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **For Fall Semester 2019 International Graduate Enrollment****LETTER OF RECOMMENDATION****by Employer/ Company** |

|  |
| --- |
| **APPLICATION NUMBER** |
| Given by KAIST*It’s okay not to writeapplication no.* |
|  |

 |

**Please type neatly.**

**To be filled by the Applicant**

|  |  |
| --- | --- |
| **Name in English** | (last), (first) (middle) |
| **Date of Birth** |  | **Nationality** |  |
| **Intended Program** | International Nuclear &Radiation Safety MS Program |
| **Intended Department/Division** | Nuclear and Quantum Engineering (KINS-KAIST) |
| **I hereby agree that this letter of recommendation remains strictly undisclosed, and will not request any reading or disclosure of information given in this letter.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Applicant’s Signature Date (dd/mm/yyyy)* |

|  |  |
| --- | --- |
| **Name in English** | (last), (first) (middle) |
| **Position / Title** |  |
| **Affiliation** |  |
| **E-mail** |  |
| **Postal Address** |  |
| Zip code |  | City |  | Country |  |
| **Telephone** |  | **Fax** |  |
| **I hereby duly recommend the aforementioned applicant. I have carefully filled out this letter of recommendation by myself, and I am aware that my opinions provided herein may continue to serve as a reference in the subsequent admission process within KAIST.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Recommender’s Signature Date (dd/mm/yyyy)* |

 **To be filled by Recommender**

|  |
| --- |
| **Please return this letter after sealing and signing across the back of the envelop by the deadline to:** |
| **KINS-KAIST MS Program Coordinator****KAIST N27 Bldg. 6F Rm.6101, 291 Daehak-ro,****Yuseong-gu, Daejeon, Republic of Korea (305-701)** | **Phone: (+82-42) 350-8511, Fax: (+82-42) 350-8516** **E-mail: juyeong@kaist.ac.kr**[**http://admission.kaist.ac.kr/**](http://admission.kaist.ac.kr/) **http://www.kaist.edu/edu.html** |

**Background Information**

**Teaching Experience:** ( ) years and ( ) months

**How long have you known the applicant?:** ( ) years and ( ) months

**How well do you know the applicant?:** ⬜ very well ⬜ well ⬜ moderately ⬜ do not know well

**What are the three adjectives that come to your mind to describe the applicant?** :

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation**

**1. Please give your opinion on the applicant’s qualifications and potential for academic and professional achievement in the field of the applicant’s application.** *(200 words or less)*

|  |
| --- |
|  |

**2. Please rate the applicant in the table below, in comparison with all the students you have taught:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Exceptional** | **Very** **Good** | **Above Average** | **Average** | **Below Average** | **No Basis for Judgment** | **Remarks** |
| **Overall Academic Achievement** |  |  |  |  |  |  |  |
| **Academic Passion** |  |  |  |  |  |  |  |
| **Creative** **Problem-solving Ability** |  |  |  |  |  |  |  |
| **Research Aptitude** |  |  |  |  |  |  |  |
| **Promise as a professional In the field** |  |  |  |  |  |  |  |
| **Interpersonal Relationship** |  |  |  |  |  |  |  |
| **Leadership and Impact** |  |  |  |  |  |  |  |
| **Responsibility** |   |  |   |   |   |   |   |
| **Integrity** |  |  |  |  |  |  |  |
| **Ability to Cope with Hardships** |  |  |  |  |  |  |  |
| **Reading /Writing** **Ability in English** |   |  |   |   |   |   |   |
| **Listening/Speaking** **Ability in English** |   |  |   |   |   |   |   |

**3. Please summarize your overall opinion on the applicant.** *(100 words or less)*

|  |
| --- |
|  |

|  |
| --- |
| ***KINS-KAIST International Nuclear and Radiation Safety Master’s Degree Program*****Medical Report****Medical Report** |
|  **Name of Applicant** |  | **Age**  |  |
| Date of birth(year-month-day) | □Female □Male |
| 1. **PHYSICAL EXAMINATION :**

Height: Cm Weight: KgBlood Pressure : Systolic ㎜Hg Diastolic ㎜Hg Pulse Rate /min (Regular, Irregular)Eye-sight : Uncorrected Rt Lt Corrected Rt Lt Color blindness : Yes No Hearing: Rt dB Lt dB1. **ANAMNESIS : Please indicate with + or –**

Tuberculosis……… □ Malaria………□ Rheumaic Fever……□ Epilepsy…□ Kidney Disease…□Cardiac Diseases …□ Diabetes…… □ Allergy……………… □ Other Communicable Diseases.□1. **Present Conditions : Please indicate with +, if you find any disease or abnormality. or with -,if not.**

Tonsils, Nose or Throat……□ Heart or Blood Vessels… □ Lungs or Respiratory System……□Stomach or Digestive………□ Genito-Urinary System… □ Other Abnormal Organs………… □Brain or Nervous System… □ Skin…………………………□ Venereal Disease………………… □Blood or Endocrine System………………□ Bones, Joints or Locomotor System……………… □1. **If you marked + to any of the above 2 and 3, Please describe in detail each disease, and if the applicant is physically handicapped, the abnormality or impairment.**
2. **NEUROPSYCHIATRIC EXAMINATION :**

Neurologic : Normal ( ) Abnormal ( )Psychiatric : Normal ( ) Abnormal ( )1. **LABORATORY FINDINGS :**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Blood test** | **Result** | **Unit** | **normal value** |  | **Urine analysis** | **normal** | **result** |
| Hb |  | g/㎗ |  | albumin | **-** |  |
| Hct |  | % |  | glucose | **-** |  |
| WBC |  | k/uL |  | **Serologic test** | **normal** | **result** |
| GOT |  | IU/ℓ |  | VDRL | (-) |  |
| GPT |  | IU/ℓ |  | AIDS | (-) |  |
| r-GTP |  | IU/ℓ |  | Hepatitis B | Ag(-) |  |
| glucose |  | mg/㎗ |  |  | Ab(-) |  |
| cholesterol |  | mg/㎗ |  | Hepatitis C | HCV(-) |  |

1. **List any abnormalities which are indicated by the chest X-ray:**
2. **SUMMARY OF THE EXAMINING PHYSIClAN :**

◈ In my opinion, the applicant's health and physical conditions are : (Please check)Excellent , Good , Fair , Poor ◈ In my opinion, the applicant is physically able to go abroad for study : (Please check)Yes , No NAME & TITLE OF PHYSICIAN(Please print) SIGNATURE , Date: . . . *Date (dd/mm/yyyy)***I certify that the above statements are true and correct. I understand that any misrepresentation herein may result in cancellation of my admission to KINS-KAIST International Nuclear and Radiation Safety Master’s Degree Program.***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Applicant's Signature Date (dd/mm/yyyy)*  |