

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 <input checked="" type="checkbox"/>
Mandatory documents	0. This CHECK LIST	-
	1. Admission Application Form	<input type="checkbox"/>
	2. Statement of Purpose	<input type="checkbox"/>
	3. Statement of Financial Resources	<input type="checkbox"/>
	4. Two Letters of Recommendation from Teachers/Professors	<input type="checkbox"/> <input type="checkbox"/>
	5. A Letter of Recommendation from the Applicant's Employer	<input type="checkbox"/>
	6. Graduation, Degree/Diploma, Credentials Certificates	<input type="checkbox"/>
	7. Transcripts of academic records	<input type="checkbox"/>
	8. Certificate of Official English Proficiency Test	<input type="checkbox"/>
	9. Curriculum Vitae	<input type="checkbox"/>
	10. Identity Documents (applicant's)	<input type="checkbox"/>
	11. Identity Documents (parents')	<input type="checkbox"/>
	12. Medical Report	<input type="checkbox"/>
Optional	13. Awards, Honors, Prizes, Merits, Distinction, or Decoration	<input type="checkbox"/>
	14. School Profile and Credit Rating System	<input type="checkbox"/>

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



APPLICATION NUMBER

Given by KAIST

*It's okay not to write
application no.*

1. Applicant Information

Name in English (last/first/middle)				<div>Photo</div> <div>(jpg,gif,png only)</div>
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									<input type="checkbox"/> Native English Speaker
Date taken (dd/mm/yyyy)									<input type="checkbox"/> Exempted Department (GITTP)

(Form 1)

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:	Major	
			Telephone: url:	Minor	
				Dual Major	
	/	/	Name:	GPA	
			Postal Address:	Major	
			Telephone: url:	Minor	
				Dual Major	
Master's	/	/	Name:	GPA	
			Postal Address:	Major	
			Telephone: url:	Minor	
				Dual Major	
	/	/	Name:	GPA	
			Postal Address:	Major	
			Telephone: url:	Minor	
				Dual Major	
Doctorate	/	/	Name:	GPA	
			Postal Address:	Major	
			Telephone: url:	Minor	
				Dual Major	
	/	/	Name:	GPA	
			Postal Address:	Major	
			Telephone: url:	Minor	
				Dual Major	

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

(Form 1)

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

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.

Recommender's Name			
Affiliation			
Position			
Postal Address			
E-mail		Tel	
Recommender's Name			
Affiliation			
Position			
Postal Address			
E-mail		Tel	

(Form 1)

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 or 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 write
application 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)	Ensuing Years (Expected)
<input type="checkbox"/> Self-Support (Please attach the bank statement indicating your capacity to pay expenses at KAIST)	<input type="checkbox"/> Tuition & Fees <input type="checkbox"/> Living Expenses		
<input type="checkbox"/> Parental and/or Individual Sponsor (Please attach the bank statement(s) indicating sponsor(s)' capacity to pay expenses at KAIST)	<input type="checkbox"/> Tuition & Fees <input type="checkbox"/> Living Expenses		
<input checked="" type="checkbox"/> Sponsoring Organization, Firm or Government	<input type="checkbox"/> Tuition & Fees KINS <input type="checkbox"/> Living Expenses KINS	USD15,000	USD30,000
<input type="checkbox"/> KAIST Scholarship	<input type="checkbox"/> Tuition & Fees <input type="checkbox"/> 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
<small>It's okay not to write application no.</small>

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)		
<p>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.</p>			
<p>_____</p> <p>Applicant's Signature</p>		<p>_____</p> <p>Date (dd/mm/yyyy)</p>	

To be filled by Recommender

Name in English	(last), (first) (middle)					
Position / Title						
Affiliation						
E-mail						
Postal Address						
	Zip code		City		Country	
Telephone			Fax			
<p>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.</p>						
<p>_____</p> <p>Recommender's Signature</p>			<p>_____</p> <p>Date (dd/mm/yyyy)</p>			

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://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 write application 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.			
_____ <i>Applicant's Signature</i>		_____ <i>Date (dd/mm/yyyy)</i>	

To be filled by Recommender

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.						
_____ <i>Recommender's Signature</i>			_____ <i>Date (dd/mm/yyyy)</i>			

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 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://www.kaist.edu/edu.html>

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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 write application 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)		
<p>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.</p> <p>_____</p> <p style="text-align: center;"><i>Applicant's Signature</i> <i>Date (dd/mm/yyyy)</i></p>			

To be filled by Recommender

Name in English	(last), (first) (middle)					
Position / Title						
Affiliation						
E-mail						
Postal Address	Zip code		City		Country	
Telephone			Fax			
<p>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.</p> <p>_____</p> <p style="text-align: center;"><i>Recommender's Signature</i> <i>Date (dd/mm/yyyy)</i></p>						

Please return this letter after sealing and signing across the back of the envelop by the deadline to:

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 KAIST N27 Bldg. 6F Rm.6101, 291 Daehak-ro,
 Yuseong-gu, Daejeon, Republic of Korea (305-701)

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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

Name of Applicant		Age	
Date of birth(year-month-day)		<input type="checkbox"/> Female <input type="checkbox"/> Male	

1. PHYSICAL EXAMINATION :

Height: _____ Cm Weight: _____ Kg
 Blood Pressure : Systolic mmHg Diastolic mmHg Pulse Rate /min (Regular,
 Irregular)
 Eye-sight : Uncorrected Rt _____ Lt _____ Corrected Rt _____ Lt _____
 Color blindness : Yes No Hearing: Rt _____ dB Lt _____ dB

2. ANAMNESIS : Please indicate with + or -

Tuberculosis..... ☐ Malaria.....☐ Rheumatic Fever.....☐ Epilepsy...☐ Kidney Disease...☐
 Cardiac Diseases ...☐ Diabetes..... ☐ Allergy.....☐ Other Communicable Diseases.☐

3. 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..... ☐

4. 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.

5. NEUROPSYCHIATRIC EXAMINATION :

Neurologic : Normal () Abnormal ()
 Psychiatric : Normal () Abnormal ()

6. LABORATORY FINDINGS :

Blood test	Result	Unit	normal value
Hb		g/dℓ	
Hct		%	
WBC		k/uL	
GOT		IU/ℓ	
GPT		IU/ℓ	
r-GTP		IU/ℓ	
glucose		mg/dℓ	

Urine analysis	normal	result
albumin	-	
glucose	-	
Serologic test	normal	result
VDRL	(-)	
AIDS	(-)	
Hepatitis B	Ag(-)	
	Ab(-)	

cholesterol		mg/dℓ			Hepatitis C	HCV(-)	
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7. List any abnormalities which are indicated by the chest X-ray:

8. SUMMARY OF THE EXAMINING PHYSICIAN :

◆ 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)