

**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)

	<b>Categories</b>	<b>Check with <input checked="" type="checkbox"/></b>
<b>Mandatory documents</b>	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"/>
<b>Optional</b>	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 FOR ADMISSION

for Fall Semester 2019 International Graduate Enrollment

APPLICATION NUMBER  
Given by KAIST  
*It's okay not to write application no.*

## 1. Applicant Information

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

## 2. Intended Program & Major

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

## 3. English Proficiency Test

	PBT TOEFL	CBT TOEFL	IBT TOEFL	TEPS	IELTS	TOEIC			Others
						L&R	Speaking	Writing	
<b>Score Or Level</b>									<input type="checkbox"/> Native English Speaker
<b>Date taken</b> (dd/mm/yyyy)									<input type="checkbox"/> Exempted Department (GITTP)

### 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		GPA	Earned/Full mark
Bachelor's	/	/	Name:	GPA	Earned/Full mark
			Postal Address:	Major	
			Telephone: url:	Minor	
	/	/	Postal Address:	Dual Major	
			Name:	GPA	
			Telephone: url:	Major	
Master's	/	/	Name:	GPA	
			Postal Address:	Major	
			Telephone: url:	Minor	
	/	/	Postal Address:	Dual Major	
			Name:	GPA	
			Telephone: url:	Major	
Doctorate	/	/	Name:	GPA	
			Postal Address:	Major	
			Telephone: url:	Minor	
	/	/	Postal Address:	Dual Major	
			Name:	GPA	
			Telephone: url:	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.

<b>Recommender's Name</b>			
<b>Affiliation</b>			
<b>Position</b>			
<b>Postal Address</b>			
<b>E-mail</b>		<b>Tel</b>	
<b>Recommender's Name</b>			
<b>Affiliation</b>			
<b>Position</b>			
<b>Postal Address</b>			
<b>E-mail</b>		<b>Tel</b>	

(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 : 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

Table with 4 columns: Resource, Sponsor Name, Amount (USD) - First Year (Guaranteed), Amount (USD) - Ensuing Years (Expected). Rows include Self-Support, Parental and/or Individual Sponsor, Sponsoring Organization, Firm or Government, and KAIST Scholarship.

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: k536cjlw@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
<i>It's okay not to write application no.</i>

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><i>Applicant's Signature</i></p>		<p>_____</p> <p><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><i>Recommender's Signature</i></p>		<p>_____</p> <p><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:

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 <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)		
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)	

**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.			
_____		_____	
Recommender's Signature		Date (dd/mm/yyyy)	

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>

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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 <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 style="text-align: center;"><i>Applicant's Signature</i> <span style="margin-left: 200px;"><i>Date (dd/mm/yyyy)</i></span></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> <span style="margin-left: 200px;"><i>Date (dd/mm/yyyy)</i></span></p>			

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

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<http://admission.kaist.ac.kr/> <http://www.kaist.edu/edu.html>

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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**

<b>Name of Applicant</b>	<b>Age</b>
--------------------------	------------

Date of birth(year-month-day)	☐Female ☐Male
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**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.....☐ Rheumaic 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)*