

Checking List of submitting documents

Name : _____

Submitting documents	Confirm	Etc.
1. Checking List of Submitting documents	○ X	
2. Application Form	○ X	
3. Self-Introduction	○ X	
4. Study Plan	○ X	
5. Letter of Recommendation	○ X	
6. Collection personal information & consent for use	○ X	
7. Signed Consent From	○ X	
8. ID Photo	○ X	
9. Passport copy	○ X	
10. Family relationship certificate	○ X	
11. Proof of Univ. Graduation	○ X	
12. Transcript	○ X	
13. Document of Foreign Language Ability	○ X	
14. Copy of Alien registration Card	○ X	
15. Medical Report (Applicants for entering Dormitory)	○ X	
16. Receipt of payment for Application fee	○ X	



선학UP대학원대학교
SunHak Universal Peace Graduate University

Self-introduction

	Name		D.O.B	
(Self-introduction)	Faith background/ Childhood)			
	Family Introduction			
	Motivation behind application			
	Future plan after graduation			
	Hobbies/ Interests			
Faith career	Public mission/ Attended workshops			
	Experiences from witnessing/ fundraising			
Social career	Social career			
	Professions/ Licenses			

※Please make sure the information above is correct.



Study Plan

O Please describe your study plan regarding on research project and main interest field which you want to study during school semester. Including your own major field at College, make your best choice of the main field which you want to focus on from some courses of those below provided by Sunhak Universal Peace Graduate University.

O Major of Department

- ▶ Ph. D. : True Partents Studies, Cheon Il Guk Spirituality Studies, Cheon Il Guk Management Studies
- ▶ D. Min.: Ministry Studies ▶ Th. M or M. Div. : Theology, Ministry
- ▶ M. A. in Peace NGO : Peace NGO Studies

Name		Department	
Topics of Study			
Purpose of Study			
Methods of Study			
Contents of Study			
Detailed Plan of Study			
References Books			



LETTER OF RECOMMENDATION

1. Applicant (Student)

Name	B.O.D	
Blessed Couple	Relationship with applicant	
Church	Nation:	Region: Church:

I. 일반적 평가(Comparison with other students / members / employees)

	우수 (Excellent)	양호 (Good)	보통 (Average)	보통이하 (Below Average)
학술능력(Academic Ability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
인격/신앙(Personality/Faith)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
성취력(Achievements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
지도력(Leadership Potential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Personal statement (Area & period working with applicant)

2. Recommender

Organization & Position _____

Phone & E-mail) _____

Date_____

Recommender_____ Signature_____

Please mail this form directly to the Academic Affairs of the Sunhak Universal Peace Graduate University



**SunHak Universal Peace
Graduate University**

Tel. +82-31-589-1500 / Fax.+82-31-589-1559
324-11, Misari-ro, Seolack-myeon, Gapyong-gun, Geonggi-do, 12461, Korea

Signed Consent Form

By signing this form, I am giving my agreement and hereby authorize the NRF(National Research Foundation of Korea) to verify my degree/enrollment records.

Please indicate accuracy of the information below. If necessary, include corrections/notes.	
• Applicant's Information	
Completed by the applicant	Verification (To be completed by the Institution)
Name : _____, _____ Family name Given name	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of birth : _____ MM-DD-YYYY	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Student ID No. : _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of admission(transfer date from other institution) : _____ MM-DD-YYYY	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of graduation(transfer date from other institution) : _____ MM-DD-YYYY	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Degree in (major) : _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Degree : <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Title of Theses:	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of Degree Conferment(registered) : _____ MM-DD-YYYY	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Applicant's Signature : Date : _____ MM-DD-YYYY	Additional comments(if any) :
• Respondent's Information	
Name of Organization	
Address	
Telephone	FAX
	e-mail
Date : _____ MM-DD-YYYY	
Name and title of position :	Signature : _____
<p>The information you provide will be kept in strict confidence and will be used only for the purpose of degree verification. Please do not hesitate in contacting NRD for any questions. Thank you for your assistance.</p>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Official SEAL </div>	

[Collecting personal information and consent for use]

The collected information will never be used for any purpose beside admission.

1. Collecting information on the applicant: application information

-Required items: applicant information (name, citizen number(SSN)(Overseas Korean/case similar to overseas Korean: alien registration and passport number), address, phone number, cell phone number, e-mail, School code(#), (final education department, class size, graduation date, GPA, credits, degree registration number), self-introduction

2. Information's intended use: university entrance screening, Academic affairs, Students' Committee of graduate university (Only successful candidate students)

3. Information's possession and length of use: The information will not be copied, and discarded once the possession time period or the intended use has been completed.

Do you consent to the collection and use of your personal information? Consent

Do not consent

* If "Do not consent" is chosen, acceptance of one's application it is not possible.

<Collection & use of individual identification information>

Individual identification information (citizen number, alien registration number, passport number) is being collected for graduate school application submission and screening (citizen number, alien registration number, passport number) {Grounds laws and ordinances: The Higher Education Act Article 73 (Individual identification information)}

Do you consent to the collection of your individual identification information? Consent

Do not consent

* If "Do not consent" is chosen, acceptance of one's application it is not possible.

<Consent to provide personal information to a third party>

Personal information will be shared with a third party.

Receiver of information	Receiver's intended use of information	Information provided	Time of possession and use by receiver	comments
College or University	Application inquiry and report	Name, Passport number, University, major, graduation status, graduate date, degree registration number	Until processing is complete	Admission screening

Do you consent to the sharing of your information with a third party? Consent Do not consent

<Checking one's qualification, and screening scenarios>

- This application may only be filled out by the applicant. Any violation can lead to problems such as the cancellation of an application. [Any applications besides your own will not be accepted]
- Please look for help from the university admissions department.
- Please the check the qualifications, minimum educational standards, etc. with the university admissions department.

Have you checked the information above? Yes

<Check to prevent false or manufactured information>

- There can be legal penalties applied if false information is provided.
- The application will be cancelled if it is later revealed that false information was provided.

Have you checked the information above? Yes

<Agreement to the collection of one's personal information>

- I consent to the collection and use of my personal information by this university, as stated above.

Signer : **(signature)**

Family Relation Certificate

Location of Registration	
--------------------------	--

Family Relationship

Division	Name	Birth Date	Occupation	Sex	Family Origin
Father		-			
Mother		-			
Self					
Brother					
Sister					
Sister					

I certify that this family relation certificate is exactly same in content as the original family registry.

Date

Name

(sign)