



## APPLICATION CHECKLIST

Name:

Nationality:

E-Mail:

Phone Number:

No.	Note	Document	Check if submitted
1	Form 1	MGLEP Application Form	
2	Form 2	Application Form of International School of Urban Sciences, University of Seoul	
3	Form 3	Personal Statement	
4	Form 4	Statement of Purpose/Study Plan	
5	Form 5	A Letter of Recommendation	
6	Free Format	Official Letter of Nomination from the Minister of the Ministry or the Head of the Organization of the Applicant's Affiliation	
7	Copy	Certificate of Graduation of Undergraduate and Graduate School * Selected applicants must submit original copies upon arrival in Korea	
8	Original	Official Transcripts of Undergraduate and Graduate School (if applicable)	
9	Original	Official Report of English Proficiency Test or Any Proof of Applicant's English Proficiency * The test results must be dated later than 15 May 2018.	
10	Original	Certificate of Employment	
11	Free Format	Curriculum Vitae	
12	Copy	Identification Page(First Page) of the Passport * If the passport has yet to be issued, please send a photocopy of national ID card. As soon as the passport is issued, please send the photocopy of the passport.	
13	Original	Two Photos, 3X4 cm (with white-colored background)	

※ Every document and certificate not written in English must be accompanied by notarized ones translated into English or Korean.

**This is to certify that I have submitted all the above required documents in order to apply for 2021 MGLEP Program. I declare that all the forms submitted are true and correct. I understand the offer of admission may be withdrawn at any time if I cannot provide proof of validity or contains falsified record.**

Signature:

Date:

# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

National Institute of Environmental Human Resources Development (NIEHRD)

Environmental Research Complex, 42 Hwangyeong-ro, Seo-gu, Incheon, 22689, Republic of Korea / Phone: +82-32-560-7895

## PART I: COMPLETED BY APPLICANT

### 1. TITLE of COURSE

Master's Program for Future Global Leaders in Environmental Policy

### 2. PERSONAL INFORMATION

Name (as in the passport)			Photo Size (3.5cm×4.5cm)
First name	Middle name	Family name	
Preferred Name (or Nickname)	Nationality		
Country of Birth	Date of Birth (dd/mm/yy)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Passport Number	Airport of Departure		

Home Address

Contact Information (including country code)	Telephone	Fax
	Mobile	E-mail
Emergency Contact	Name	Relation
	Telephone	E-mail

### 3. EMPLOYMENT

Name of Organization	Type of Organization Government: <input type="checkbox"/> Central <input type="checkbox"/> Local Institution: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> Others ( )	
Department	Present Position	Employment Duration From to present
Address		
Telephone	Fax	

Job Description	What are your main tasks in your current organization?
	Describe any themes, topics and places of interest you would like to study and visit in the training course related to your tasks mentioned aforesaid.

# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

## 4. CARRER

### Career History

Organization	Department	Position/ Responsibilities	Period (dd/mm/yy)	
			From	To

### Educational Background (please list from high school information)

Educational Institution	Field of Study and Degree	Location (City/Country)	Start Date (dd/mm/yy)	Date of Graduation (dd/mm/yy)

### Previous Attendance

Have you previously attended any course sponsored by Korea or other countries?

Yes       No

(If yes, please specify below.)

Educational Institution	Field of Study / Diploma	Location (City/Country)	Period (dd/mm/yy)	
			From	To

# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

## 5. LANGUAGE PROFICIENCY (ENGLISH)

-	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Native Language:

Other Languages:

In case you speak English as a foreign language, it is required for you to prove your English proficiency. Please indicate your English Proficiency Test Scores:

TOEFL ( IBT,  CBT,  PBT) : (                      )

TOEIC (                      )       Others (                      )

## 6. OTHERS

### Restriction on Food/Behavior/Medication

Any restriction on food, behavior or medication due to health or religious reasons?

Yes       No

If yes, please specify below.

Beef       Pork       Fish       Others (                      )

## 7. TERMS AND CONDITIONS

Participants are committed to read, abide by, and respect the following terms and conditions that NIEHRD endorses in implementing the scholarship program:

### 1. Privacy and Copyright Policy

- a. Participants agree that NIEHRD is able to disclose participant information, including the name, nationality, gender, contact information, organization and position of participants, to relevant entities within the limit provided by NIEHRD Policy, regulations or thereof
- b. Participants accept the NIEHRD's right of using all the documents or products produced by participant for the purposes of the scholarship program (e.g. country report, action plan, etc.) including its duplication, translation, distribution, and/or posting to websites (NIEHRD program website and/or other Korean government websites).

### 2. Attendance and Punctuality Policy

- a. Participants should submit/present on-time reports that have been requested.
- b. Participants should be punctual for any occasion in NIEHRD scholarship program.  
(\* ) The followings are all monitored and included within the evaluation of the program by NIEHRD: absence without prior notice, sufficient reason or proper explanation; and habitual tardiness
- c. Participants must leave Korea upon the completion of the scholarship program unless they have obtained prior approval from NIEHRD and the government of their country of residence.

# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

### 3. Policy on Misconduct

- a. Any form of harassment or insult, including but not limited to misconduct arising out of racial/ethnic, gender or class discrimination, whether it be physical or verbal, will not be tolerated and will be dealt with in accordance with the Korean law and NIEHRD Policy.
- b. Especially, sexual harassment, defined as a form of behavior characterized by sexually connotative words, acts or gestures that could undermine individual dignity and by which the victim takes offense, is regarded as a serious misconduct and will be dealt with accordingly.
- c. Any kind of disturbance to the efficient operation of the program, such as arbitrary action, including a breakaway from the scholarship program, immoderate drinking, and any other kind of irresponsible behavior, will not be tolerated, and the offender may be asked to leave in accordance with NIEHRD policy.
- d. Should damage be caused by any kind of incident of assault or misconduct, all participants are obliged to report the event to NIEHRD immediately.

### 4. Security and Well-being Policy

- a. Participants are responsible for their own personal belongings, safety, health and well-being, and are asked to conduct themselves accordingly.
- b. Participants are served with the medical treatment covered by the insurance for accidents or diseases caused during the length of the participants' stay up to certain limits. Participants, however, should be solely responsible for the treatment that exceeds their medical coverage.  
(\* ) The causes of pregnancy or the treatment of any kind of chronic disease are excluded from the insurance coverage.

### 5. General Rules

- a. Participants of the program should carry out instructions given to them and abide by the terms and conditions of both NIEHRD and the academic institution, including any subsequent revisions which may be stipulated by NIEHRD and the institution in regards to the program.
- b. Participants should reside in the accommodation designated by the academic institution for the duration of the course.
- c. Participants should not bring any family members (dependants) to Korea or the country of training.
- d. Participants shall refrain from engaging in political activities.
- e. Participants are liable for all liabilities, including claims, losses, demands, actions, suits, costs or expenses, arising in accordance with legal proceedings undertaken during the course of the training course, and of any damage whatsoever to any property that arises from the carelessness, negligence, omission or default of the participants during the training course.

I, \_\_\_\_\_ (name) \_\_\_\_\_, of \_\_\_\_\_ (name of country) \_\_\_\_\_ have read and fully agree to the above Terms and Conditions set forth and declare that all the information given above is true and complete.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Signature

# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

## 8. MEDICAL REPORT 1 (Completed by applicant)

### 1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)  
 No       Yes, Name of medication ( \_\_\_\_\_ ), Quantity ( \_\_\_\_\_ )

(b) Are you pregnant? (Female only)  
 No       Yes ( \_\_\_\_\_ months)

(c) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.  
( \_\_\_\_\_ )

(Note) A disability does not lead to dismissal or exclusion from the program. However, upon the situation, you may be directly inquired by the NIEHRD official in charge for a more detailed account of your condition.

### 2. Medical History

(a) Have you had any significant or serious illnesses? (if hospitalized, give place & dates.)

<b>Past</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of illness ( _____ ), Place & dates ( _____ )
<b>Present</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Present condition ( _____ )

(b) Have you ever been a patient in a mental hospital or have been treated by a psychiatrist?

<b>Past</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of illness ( _____ ), Place & dates ( _____ )
<b>Present</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Present condition ( _____ )

(c) High blood pressure

<b>Past</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Present</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Present condition ( _____ )mm/Hg to ( _____ )mm/Hg

(d) Diabetes (sugar in the urine)

<b>Past</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Present</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, Present condition ( _____ ) Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes

(e) (Past History) What illness(es) have you had previously?

<input type="checkbox"/> Stomach and intestinal Disorder <input type="checkbox"/> Liver Disease <input type="checkbox"/> Heart Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Asthma <input type="checkbox"/> Thyroid Problem <input type="checkbox"/> Infectious Disease (Specify name of illness: _____ ) <input type="checkbox"/> Other (specify: _____ )
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(f) Has the above disease been cured?

Yes       No (Specify name of illness: \_\_\_\_\_ )  
 Yes (Present Condition \_\_\_\_\_ )

**I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Applicant**

# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

## 9. MEDICAL REPORT 2 (Completed by Authorized Physician)

<b>Basic Information</b>	Name:		
	Age:	Blood Type:	
	Gender:	Blood Pressure:	/ mmHG
	Height:                      cm	Weight:	kg

### Test Result

Name	Test Result	Remarks
EKG	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Chest PA	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Urinalysis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Diabetes	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Hepatitis B	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Syphilis	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
AIDS	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Infectious disease	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Endemic disease	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Pregnancy test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	

**1. How long have you known the applicant named above?**

Less than 6 months     More than a year     More than 5 years     More than 10 years

**2. Has this person received treatment for the last 5 years or does he/she have any conditions that will require frequent or long periods of absence, or would otherwise affect his/her ability to carry out role given to him/her in participating an intensive training course away from home?**

Yes     No

(If you answered yes, please provide details.)

**3. Is there anything in the person's medical history that would make him/her unfit to participate in the training course?**

Yes     No

(If you answered yes, please provide details.)

**I certify that I answered all questions truthfully and completely to the best of my knowledge.**

**Date:**

**Name of Clinic:**

**Address of Clinic:**

\_\_\_\_\_

**Name of Physician**

\_\_\_\_\_

**Signature**

# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

## PART II: RECOMMENDATION COMPLETED BY SUPERVISOR OF APPLICANT'S ORGANIZATION

### 1. The Relevance of the MGLEP Program to the Applicant's Current Job Duties and Future Career Path at Your Organization

(\*) Please, attach your organization chart and indicate the applicant's position.

### 2. Evaluate the Applicant's Work Performance and Accomplishments



# 2021 APPLICATION OF MASTER'S PROGRAM FOR FUTURE GLOBAL LEADERS IN ENVIRONMENTAL POLICY

## 3. The Expected Benefits and Results of this Program to Your Organization

<Form 2>

# Application for Admission

## International School of Urban Sciences, University of Seoul

Registration Number	
Confirmation	

\* DO NOT WRITE IN THIS AREA

### PLEASE TYPE OR PRINT IN ENGLISH

International Urban Development Program (IUDP), International School of Urban Sciences, University of Seoul  
163 Seoulsiripdae-ro, Dongdaemun-gu, Seoul 02504, Korea Tel) 82-2-6490-5158 Fax) 82-2-6490-5141  
E-mail) [isus@uos.ac.kr](mailto:isus@uos.ac.kr) Homepage) <http://isus.uos.ac.kr>

### I. TITLE OF COURSE (You are applying for)

#### MGLEP(Master's Program for Future Global Leaders in Environmental Policy)

In Cooperation With National Institute of Environmental Human Resources Development (NIEHRD)

Photo  
(3 x 4cm)

### II. PERSONAL DATA

<b>Name</b> (as in the passport)	First		Middle		Last	
<b>Date of Birth</b>	Month		Day		Year	
<b>Sex</b>	<input type="checkbox"/> M <input type="checkbox"/> F		<b>Marital Status</b>			
<b>Nationality</b>				<b>Religion</b>		
<b>Passport Number</b>				<b>Airport of Departure</b>		
<b>Home Address</b>						
<b>Contact Information</b> (Including country code)	Telephone			Fax		
	Mobile			E-mail		
<b>Emergency Contact</b>	Name			Relation		
	Telephone			E-mail		

III. FAMILY DATA					
<b>Name of Father</b>	<i>First Middle Last</i>		<b>Name of Mother</b>	<i>First Middle Last</i>	
<b>Nationality</b>			<b>Nationality</b>		
<b>Home Address</b>					
<b>Contact Information</b> (Including country code)	Telephone		Fax		
	Mobile		E-mail		
IV. RECOMMENDATION (List names, addresses, phone/fax numbers and e-mail addresses of recommenders.)					
Name	Organization	Department	Telephone	FAX	E-mail
V. EMPLOYMENT					
<b>Name of Organization</b>			<b>Address</b>		
<b>Department</b>			<b>Present Position</b>		
			<b>Employment Duration</b>	from _____ to present	
<b>Telephone</b> (Including country code)			<b>Fax</b> (Including country code)		
<b>Type of Organization</b>	Government( <input type="checkbox"/> Central, <input type="checkbox"/> Local), Institution( <input type="checkbox"/> Public, <input type="checkbox"/> Private, <input type="checkbox"/> International, <input type="checkbox"/> NGO) <input type="checkbox"/> Others( )				
<b>Job Description</b>	What are your main tasks with your current employer?				
	Which technical equipment or facilities do you work on your job with? (if applicable)				
Describe any themes, topics and places of interest you would like to see in the training course related to your tasks mentioned aforesaid.					

Career over the past 5 years					
Organization	Department	Position	Responsibilities	Period(dd/mm/yy)	
				From	To

#### VI. Educational Background

Educational Institution	Field of Study and Degree	Location (City/ Country)	Period(dd/mm/yy)	
			From	To

#### VII. OTHERS

<b>Restriction on Food/Behavior/ Medication</b>	Any restrictions on food, behavior or medication due to health or religious reasons?
	<input type="checkbox"/> Yes >> <input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Others( )/ <input type="checkbox"/> No

#### VIII. ENGLISH PROFICIENCY

	Excellent	Good	Fair	Basic	Remarks
<b>Listening</b>					
<b>Speaking</b>					
<b>Writing</b>					
<b>Reading</b>					

Native Language : \_\_\_\_\_

Other Languages : \_\_\_\_\_

In case you speak English as a foreign language, it is required for you to certify your English proficiency. Please indicate your English Proficiency Test Scores:

TOEFL: \_\_\_\_\_  TOEIC: \_\_\_\_\_ Others( ): \_\_\_\_\_  
 (IBT, CBT, PBT) score score score

#### IX. APPLICANT'S SIGNATURE/CERTIFICATION OF ACCURACY

I certify that all information in my application is my own work, factually true and honestly presented

\_\_\_\_\_

Signature

Date(mm/dd/yyyy)





<Form 5>

## Letter of Recommendation

### Applicant

Name (English) \_\_\_\_\_ (Korean) \_\_\_\_\_ (Chinese) \_\_\_\_\_  
Date of Birth (month/day/year) \_\_\_\_\_ Passport No. \_\_\_\_\_

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### Recommender

Name \_\_\_\_\_  
Institution \_\_\_\_\_ Position \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*(mm/dd/yyyy)

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### To

#### International Urban Development Program (IUDP)

IUDP, #20412, Law School,  
International School of Urban Sciences, University of Seoul  
163 Seoulsiripdae-ro, Dongdaemun-gu, Seoul 02504, KOREA  
Email : [mglep@uos.ac.kr](mailto:mglep@uos.ac.kr)  
Homepage : <http://isus.uos.ac.kr>  
Tel : +82-2-6490-5159 Fax : +82-2-6490-5141

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With this form, enclose a recommendation letter in a sealed envelope, sign across the seal, and give it to the applicant.

