**FORM 1. PERMISSION FOR STUDY LEAVE**

*This form must be approved by your university.*

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| **A. Applicant Information** |
| Applicant Name(Passport name) |  |
| Nationality |  | Final Degree |  |
| Current Affiliation |  | Current Position |  |
| **B. Details of Applying University** |
| University Name |  | Period of Attendance (yy/mm/dd) |  |
| Department |  | Major |  |
| **C. Letter of Recommendation** |
| Academic Ability | *\* Please briefly describe the applicant’s academic excellence, research topic and plan (200 words )* |
| Contribution after Study | *\* Please briefly describe the plan of contribution to home university the study (200 words )* |

I hereby confirm that (Name of Applicant) is an academic faculty member of (Name of Affiliation), and grant the permission for study leave of (Name of Applicant) from (yy/mm/dd ) to (yy/mm/dd) for doctoral program as above under the scholarship program of Higher Education for ASEAN Talents: Scholarship Opportunity for ASEAN faculty members in the Republic of Korea.

President/Rector University *(Official Seal)*

President/Rector Contact (Email / Phone/ Website address) Date(yy/mm/dd)

**FORM 2. APPLICANT AGREEMENT**

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| **As an applicant for 2020-2 Higher Education for ASEAN Talents (HEAT) for Graduate Degree, I agree to abide by the following;***※ Please read each article, check each box and sign below.*1. The information I have provided in this application forms are true and accurate and all documents I submitted to the Korean Council for University Education (hereafter KCUE) are genuine. [ ]
2. I understand that all the documents submitted to KCUE for Higher Education for ASEAN Talents will not be returned regardless of the final outcome of the selection process. [ ]
3. I will abide by all the Korean laws and ordinances. [ ]
4. I will respect and uphold the values of the Korean culture and society. [ ]
5. I will fulfill my responsibilities as a Higher Education for ASEAN Talents scholar to the best of my abilities. [ ]
6. I will not participate in any form of political activities (such as organizing or joining a political party, attending political meetings, publishing articles and declarations, and organizing or participating in political demonstrations). [ ]
7. I will maintain financial integrity at a personal level. [ ]
8. I understand that once I am selected as a Higher Education for ASEAN Talents scholar. I am not permitted to change the university for the degree of Ph.D. program. [ ]
9. I will abide by the academic regulations and requirements of KCUE and university. [ ]

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| Date(yyyy/mm/ dd) Applicant’s Name (Signature) |
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*(continued in the next page)* 1. I understand that if I have any dependents that will accompany me to Korea, I am responsible for all matters concerning those dependents such as visa issuance and that KCUE will not provide any extra expenses or support in regards to my dependents. [ ]
2. I give permission to KCUE, the Ministry of Education of Korea, the Ministry of Foreign Affairs of Korea, the Ministry of Justice of Korea, and affiliated institutions to use the contact information provided in my application for the purpose of visa issuance, communication, conducting surveys, and sharing information as needed. I give authorization for photos and video of me to be taken during Higher Education for ASEAN Talents’ orientation and used in any promotional or educational materials. [ ]
3. I hereby authorize KCUE to verify the information disclosed in this application form and the documents required by Higher Education for ASEAN Talents as well as to collect any other information deemed necessary by Higher Education for ASEAN Talents to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not limited to contacting recommendation referees or previous employers. [ ]
4. I hereby understand that all information provided to KCUE will be stored in secured servers where access will be limited to Higher Education for ASEAN Talents team and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms. [ ]
5. I understand that failure to uphold any of the above statements may be grounds for termination of my scholarship offer. [ ]

**I confirm that I read all of the above conditions. I also understand that the violation of any one of the above might result in suspension or cancellation of the scholarship.**

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| Date(yyyy/mm/ dd) Applicant’s Name (Signature) |
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# **FORM 3. PERSONAL MEDICAL ASSESSMENT**

***Attention!*** This form is just a personal medical assessment and applicants do not need to get comprehensive medical examination for now. However, once applicants are successful in the final selection, applicants must get a comprehensive medical examinations from a licensed physician or a doctor (including TBPE drug test\*\* etc). If the results show that the applicant is unfit to study and live overseas, he/she will be considered disqualified for this scholarship program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender | [ ]  Male [ ]  Female | **HEIGHT**  | cm | **WEIGHT**  | kg |
| QUESTION | YES | NO | IF YES, PLEASE EXPLAIN |
| Have you ever had an infectious disease that posed a risk to public health (such as, but not limited to, tuberculosis and STDs)? |  |  |  |
| Do you have allergies?  |  |  |  |
| Do you have hyper tension?  |  |  |  |
| Do you have diabetes?  |  |  |  |
| Do you have any type of Hepatitis?  |  |  |  |
| Have you ever suffered from or been treated for depression, anxiety, or any other mental or mood disorder? (If you have received treatment, please explain and attach an official medical report.) |  |  |  |
| Have you ever been addicted to alcohol? |  |  |  |
| Have you ever abused any narcotic, stimulant, hallucinogen or other substance, either legally or illegally?  |  |  |  |
| Have you been hospitalized in the last two (2) years? |  |  |  |
| Have you had any serious injury, ailment or sickness in the last five (5) years? |  |  |  |
| Do you have any visual or hearing impairment? |  |  |  |
| Do you have any physical disabilities? |  |  |  |
| Do you have any cognitive/mental disabilities? |  |  |  |
| Are you taking any prescribed medication? |  |  |  |
| Are you on a special diet?  |  |  |  |
| Are you pregnant? |  |  |  |