



2023학년도 후기 외국인 신·편입학 특별전형  
2023 Fall Semester - Special Admission for International Students

# 자기소개서 및 학업계획서 Personal Statement(Essay) and Study Plan

		수험번호 Application No.	지원자는 표기하지 마시오. (Do not fill out)
성명 Name		지원학과 College/Dept.	

1. 우리대학교에 지원한 동기와 지원 전공을 선택한 이유를 기술하십시오.

(Describe the motive for applying to Sungshin Women's University and the reason why you chose the major you applied for.)

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2. 입학 후 학업계획과 향후 진로계획에 대하여 기술하십시오.

(Describe your academic plans and career plans after admission.)

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# 지원자격 심사 신청서 Request form for Eligibility Confirmation

수험번호 Application No.	지원자는 표기하지 마시오. (Do not fill out)
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성명 Name	외국인 등록번호 Foreign Registration No.	연락처 Contact No.	전화번호(Tel) : 휴대전화(Mobile) :
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학 교 명 (Name of School)	재학기간 (period)	국내 학교에 해당하는 학년, 학기 (in accordance with Korean 12-year school system)															
		학년▶ (Year)	1	2	3	4	5	6	7	8	9	10	11	12	13		
		학기▶ (Term)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1
	- . . . .	학교소재지(국가명) : 재학년수 : 년(Years) 개월(Months)		(Location of school(Country)) (Years of attending school)													
	- . . . .	학교소재지(국가명) : 재학년수 : 년(Years) 개월(Months)		(Location of school(Country)) (Years of attending school)													
	- . . . .	학교소재지(국가명) : 재학년수 : 년(Years) 개월(Months)		(Location of school(Country)) (Years of attending school)													
	- . . . .	학교소재지(국가명) : 재학년수 : 년(Years) 개월(Months)		(Location of school(Country)) (Years of attending school)													
	- . . . .	학교소재지(국가명) : 재학년수 : 년(Years) 개월(Months)		(Location of school(Country)) (Years of attending school)													
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	- . . . .	학교소재지(국가명) : 재학년수 : 년(Years) 개월(Months)		(Location of school(Country)) (Years of attending school)													
고등학교까지 총 재학기간 (Total years of attending school till High school)	년(Years) 개월(Months)	특이사항 (Special comments)															

학력조회동의서

(Letter of Agreement to release of information form)

Sungshin Women's University

2, Bomun-ro 34da-gil, Seongbuk-gu, Seoul, 02844, Rep. of KOREA

Tel : +82-2-920-2000
Fax : +82-2-920-2013
http://www.sungshin.ac.kr
E-mail : admissions@sungshin.ac.kr

Name of Institution (학교명) : \*
Address (학교주소) : \*
Tel : \* Fax : \* E-mail : \*
Name of Student (학생성명) : \* Date of Birth (생년월일) : \*
Date of Admission (입학날짜) : \* Date of Graduation/Withdrawal (졸업날짜) : \*

To whom it may concern : (학생성명/Name of the student)

We are pleased to have the following individual, (\*), your alumni/alumnae or a current student, studying here at Sungshin Women's University.

Please examine the enrollment record above, complete the verification report below and return it to us. Do not separate the verification report portion as the form is required to be returned in its entirety. You could either fax (through the above fax number) or mail it to us. Your answers are appreciated and will be held in strict confidence.

Thank you in advance for your cooperation. If you have any question, please do not hesitate to email me. We look forward to hearing from you soon.

Sincerely yours,

Prof.
Dean of Admissions
Sungshin Women's University

LETTER OF AGREEMENT

To whom it may concern :

I have applied to Sungshin Women's University in Seoul, Korea for the 2023 academic year and have agreed to allow Sungshin Women's University to officially request for my academic records. In this regard, I would like to request your full assistance to Sungshin Women's University in providing the requested information.

Name (학생성명) : \*
Date of birth (생년월일) : \* Signature (서명) : \*

VERIFICATION REPORT

Accuracy of above enrollment record : Correct [ ] Incorrect [ ]

Additional comments :

Name : Title : Signature

- Signature (서명) 부분은 반드시 출력 후 자필로 작성 / Be sure to print out this form to write the 'Signature' on your own.
영어 또는 학교 소재지의 해당 언어로 작성 / Please write in English or in the appropriate language for the location of the school.
\* 표시된 부분만 기재 / Please fill out the blanks with \* marks only.

**유학경비 부담 서약서**  
**A Letter of Sponsorship for the Cost of Study Overseas**

<b>• 지원자 인적사항(Personal information of Applicant)</b>			
성명 (Name)		수험번호 (Application No.)	
지원학과 (Major)		생년월일 (Date of Birth)	
국적 (Nationality)		연락처 (Contact No.)	
주소 (Address)			
<b>• 보증인 인적사항(Personal information of Sponsor)</b>			
성명 (Name)		지원자와의 관계 (Relationship)	
생년월일 (Date of Birth)		연락처 (Contact No.)	
주소 (Address)			
<p>본인은 상기 지원자의 유학기간 중 발생하는 일체의 경비를 부담할 것을 보증합니다.</p> <p>I guarantee that I will be responsible for the above-named applicant's tuition fee and living expenses for the duration of the whole program.</p> <p>_____년(YYYY) ____월(MM) ____일(DD)</p> <p>보증인 (Sponsor): _____ (서명/signature)</p>			
<p><b>성신여자대학교 총장</b> 귀하 (Submission to the <b>President of Sungshin Women's University</b>)</p>			