

## Application Guidelines

In completing the attached application form, please be advised to:

- Carefully read your **Application Guideline(AG)** and **Program Information(PI)** prior to completing the application form;
- Type the application, not handwrite it, except for your signature.
- Fill in the form in **English**;
- Fill in **every part** of the form;
- Send the completed form and a copy of your passport to the KOICA Office in your country, or to the Embassy of the Republic of Korea if a KOICA Office is not available;
- Ensure that all required documents and information are submitted accurately and on time to avoid disqualification;
- Submit only one application, as duplicate submissions are strictly prohibited;
- Applicants who have passed the local interview\* for the 2025-1 KOICA Scholarship Program are not eligible to apply for the 2025-2 KOICA Scholarship Program. \*Conducted by the KOICA Overseas Office or Korean Embassy

### Application Checklist

| Items                                                                                                                                                                                                                                                                                                                                            | Page No. | Check(√) if completed |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|
| a. Filled in every item of Applicant Information                                                                                                                                                                                                                                                                                                 | 2-4      |                       |
| b. Ticked agree/disagree box for (a) <b>Agreement on Collection and Use of Personal, Sensitive, and Unique Identifying Information</b> , (b) <b>Consent to Provide Personal, Sensitive, and Personally Identifiable Information to a Third Party</b> , and (c) <b>Agreement on Use of Personal Information for Sending Promotional Materials</b> | 5-9      |                       |
| c. Thoroughly read the <b>Scholarship Program Guideline</b> and <b>Code of Conduct</b>                                                                                                                                                                                                                                                           | 9-13     |                       |
| d. Signed the <b>Declaration</b> for terms and conditions                                                                                                                                                                                                                                                                                        | 13       |                       |
| e. Signed and filled in every part of the <b>Medical History Questionnaire</b>                                                                                                                                                                                                                                                                   | 14       |                       |
| f. Have an authorized official from your government to complete and sign the <b>Nomination</b> form                                                                                                                                                                                                                                              | 15       |                       |
| g. Have a <b>copy of your passport</b> ready for submission                                                                                                                                                                                                                                                                                      | -        |                       |

***This is to certify that I have completed every part of the application form  
to apply for the KOICA Scholarship Program.***

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Application Form for the KOICA Scholarship Program**

This form is to be used to apply for the Scholarship Program of the Korea International Cooperation Agency (KOICA), which is implemented as part of the Official Development Assistance Program of the Government of Korea. Please complete the application form and consult with your respective country's KOICA Office - or the Embassy of Korea in charge of your country, if the former is not available - for further information.

(Photo)

## PART 1. APPLICANT INFORMATION (to be completed by the applicant)

| I. PROGRAM OF APPLICATION (as in the Program Information) |                                                                                                          |                                                                                      |                      |                                 |      |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|---------------------------------|------|
| Program Title                                             |                                                                                                          |                                                                                      |                      |                                 |      |
| Name of Degree                                            |                                                                                                          |                                                                                      |                      |                                 |      |
| Duration                                                  | from _____ to _____ (DD-MM-YYYY)                                                                         |                                                                                      |                      |                                 |      |
| II. PERSONAL DATA                                         |                                                                                                          |                                                                                      |                      |                                 |      |
| Name<br>(as in the passport)                              | First Name                                                                                               |                                                                                      |                      |                                 |      |
|                                                           |                                                                                                          |                                                                                      |                      |                                 |      |
|                                                           | Middle Name                                                                                              |                                                                                      |                      |                                 |      |
|                                                           |                                                                                                          |                                                                                      |                      |                                 |      |
|                                                           | Family Name                                                                                              |                                                                                      |                      |                                 |      |
|                                                           |                                                                                                          |                                                                                      |                      |                                 |      |
| Date of Birth                                             | Day                                                                                                      |                                                                                      | Month                |                                 | Year |
| Sex                                                       | <input type="checkbox"/> Male <input type="checkbox"/> Female                                            |                                                                                      | Airport of Departure |                                 |      |
| Nationality                                               |                                                                                                          |                                                                                      | Religion             |                                 |      |
| Home Address                                              |                                                                                                          |                                                                                      |                      |                                 |      |
| Contact Information<br>(Including Country Code)           | Telephone                                                                                                |                                                                                      |                      | Fax                             |      |
|                                                           | Mobile                                                                                                   |                                                                                      |                      | E-mail                          |      |
| Emergency Contact                                         | Name                                                                                                     |                                                                                      |                      | Relation                        |      |
|                                                           | Telephone                                                                                                |                                                                                      |                      | E-mail                          |      |
| Emergency Contact (2)                                     | Name                                                                                                     |                                                                                      |                      | Relation                        |      |
|                                                           | Telephone                                                                                                |                                                                                      |                      | E-mail                          |      |
| III. CURRENT EMPLOYMENT                                   |                                                                                                          |                                                                                      |                      |                                 |      |
| Organization                                              |                                                                                                          |                                                                                      |                      |                                 |      |
| Department                                                |                                                                                                          |                                                                                      |                      |                                 |      |
| Present Position                                          |                                                                                                          |                                                                                      | Employment Duration  | from _____ to present (MM-YYYY) |      |
| Type of Organization                                      | Government                                                                                               | <input type="checkbox"/> Central <input type="checkbox"/> Local                      |                      |                                 |      |
|                                                           | Institution                                                                                              | <input type="checkbox"/> Public (Only Public Sector employees are eligible to apply) |                      |                                 |      |
|                                                           | Others                                                                                                   | (Please specify)                                                                     |                      |                                 |      |
| Job Description                                           | Describe your main duties. Specify any technical equipment or facilities you work on with if applicable. |                                                                                      |                      |                                 |      |
|                                                           |                                                                                                          |                                                                                      |                      |                                 |      |

Describe any themes, topics and places of interest you would like to see in the Program related to your tasks mentioned aforesaid.

Elaborate on organizational setbacks or challenges that you wish to address through the Program.

Elaborate on your plans to apply the lessons learned from the Program to your organization.

## VI. CAREER RECORD

### Career Background (Past 5 Years)

| Organization | Department | Position / Responsibilities | Period (MM-YYYY) |    |
|--------------|------------|-----------------------------|------------------|----|
|              |            |                             | From             | To |
|              |            |                             |                  |    |
|              |            |                             |                  |    |
|              |            |                             |                  |    |

### Educational Background (Higher Education)

| Institution | City / Country | Field of Study and Degree | Period (MM-YYYY) |    |
|-------------|----------------|---------------------------|------------------|----|
|             |                |                           | From             | To |
|             |                |                           |                  |    |
|             |                |                           |                  |    |
|             |                |                           |                  |    |

### Previous Attendance to Training Programs in Foreign Countries

| Have you previously attended any courses sponsored under programs of Korea (KOICA) or other countries? |                |              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please specify as below |    |
|--------------------------------------------------------------------------------------------------------|----------------|--------------|---------------------------------------------------------------------------------------------|----|
| Training Institute                                                                                     | City / Country | Course Title | Period (MM-YYYY)                                                                            |    |
|                                                                                                        |                |              | From                                                                                        | To |
|                                                                                                        |                |              |                                                                                             |    |
|                                                                                                        |                |              |                                                                                             |    |
|                                                                                                        |                |              |                                                                                             |    |

## V. LANGUAGE PROFICIENCY

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

### English

|           | Excellent | Good | Fair | Basic | Remarks |
|-----------|-----------|------|------|-------|---------|
| Listening |           |      |      |       |         |
| Speaking  |           |      |      |       |         |
| Writing   |           |      |      |       |         |
| Reading   |           |      |      |       |         |

Other Languages (please specify) :

|           | Excellent | Good | Fair | Basic | Remarks |
|-----------|-----------|------|------|-------|---------|
| Listening |           |      |      |       |         |
| Speaking  |           |      |      |       |         |
| Writing   |           |      |      |       |         |
| Reading   |           |      |      |       |         |

1. Excellent: Refined fluency skills and topic-controlled discussions, debates & presentations. Formulates strategies to deal with various essay types, including narrative, comparison, cause-effect & argumentative essays.
2. Good: Conversational accuracy & fluency in a wide range of situations, including discussions, short presentations & interviews. Use compound complex sentences. Extended essay formation.
3. Fair: A broader range of language related to expressing opinions, giving advice, and making suggestions. Limited compound and complex sentences & expanded paragraph composition.
4. Basic: Simple conversation level, such as self-introduction, and brief question & answer using the present and past tenses.

## IV. OTHERS

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

## PART 2. TERMS & CONDITIONS

Applicants should read, abide by, and respect the following terms and conditions. Failure to abide by the following may result in dismissal from the program and a report to applicant's government and employer.

### Consent to Provide Personal Information to a Third Party

According to Article 17 of the Personal Information Protection Act, KOICA would like to obtain your consent for

#### I. PRIVACY & COPYRIGHT POLICY

- a. Any information used for identifying individuals that is acquired by KOICA will be stored, used and/or analyzed only within the scope of KOICA activities, and in accordance with KOICA policies and regulations.
  - **Personal Information Collected** : Name, date of birth, sex, nationality, home address, contact information, emergency information, employment information including organization/department/type of organization/employment status, career background, language proficiency
  - **Purpose** : Implementation and promotion of the KOICA Fellowship Program, identification of participants, record keeping, supporting KOICA Club activities, and strengthening the partnership between Korea and Partner Countries
  - **Retention Period** : 3 years for hard copy / permanent preservation for soft copy
- b. KOICA may provide and disclose the collected information aforesaid to a third party in accordance with KOICA policies and regulations, the relevant laws of Korea, or upon request from the Government of Korea.
- c. KOICA reserves the right to use all the documents or products produced by participants for the purpose of the Fellowship Program (e.g. country report, action plan, thesis, essay, etc.) including their duplication, translation, distribution, and posting on websites such as the KOICA website or other websites related to Korean Official Development Assistance (ODA).
- d. KOICA takes measures required to prevent leakage, loss, or destruction of acquired information. Should you wish to inquire further about KOICA's privacy policy and personal information management, please contact the program manager via the contact information provided in your Program Information (PI).
- e. If you do not approve of the above conditions, you may also refuse to agree. However, please be informed that there may be limitations to your participation in the KOICA Fellowship Program if you do not agree with the above conditions.

Agree ☐ Disagree ☐

Date: Name: Signature:

the provision of the following personal information to a third party.

| The recipient of personal information | Purpose of use | Provided particulars of personal information | Term of retention and use |
|---------------------------------------|----------------|----------------------------------------------|---------------------------|
|---------------------------------------|----------------|----------------------------------------------|---------------------------|

|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                   |                                                  |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Koworks                                                                                                           | Checking personal information and qualifications for recruitment and selection, operation of training programs, records and performance management, management of participants including immigration and sojourn support, on/offline KOICA Club activities, database management, responding to audit, follow-up, Safety management mail | Name, date of birth, gender, nationality, contact info (emergency contact included), affiliation/position, work experience and qualifications, email, SNS or messenger ID         | For 5 years from the termination of employment   |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                         | Address, academic background, photos, bank account info/bankbook copy                                                                                                             | Destroyed upon termination of employment         |
| Training institute (university) <sup>1</sup>                                                                      | Operating training programs; managing records and databases; facilitating on/offline KOICA Club activities; providing follow-up and sojourn                                                                                                                                                                                             | Name, date of birth, gender, nationality, contact info (emergency contact included), affiliation/position, work experience and qualifications, academic background, photos, email | For 5 years from the termination of employment   |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                         | Address, family information (parent details, etc.)                                                                                                                                | Destroyed upon termination of employment         |
| Insurance Company <sup>2</sup> (DB Insurance Co.,Ltd.)                                                            | (Registration) insurance purchase and roster management<br>(Compensation) document screening and claims management                                                                                                                                                                                                                      | Name, date of birth, gender, nationality, contact info(emergency contact info included), bank account info/bankbook copy, alien registration number                               | (Registration) 3 years<br>(compensation) 5 years |
| Travel Agency <sup>3</sup> (Hana Tour Travel Agency / HanaTour-Business Travel Agency /Hyundai Dream Tour Agency) | Flight reservations and ticketing, performance management, etc.                                                                                                                                                                                                                                                                         | Name, date of birth, gender, nationality, passport information                                                                                                                    | Destroyed upon termination of employment         |
| KMI (Medical check-up institution)                                                                                | Conducting medical check-ups for participants                                                                                                                                                                                                                                                                                           | Name, date of birth, gender, nationality,                                                                                                                                         | 10 years                                         |

You have the right to disagree with the provision of the above personal information. However, should you disagree, be informed that there may be restrictions on KOICA's support such as visa issuance, immigration

<sup>1</sup>

<sup>2</sup>

<sup>3</sup>

management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services, and your participation in KOICA's training programs.

Agree ☐ Disagree ☐

### Consent to Provide Sensitive Information to a Third Party

According to Article 23 of the Personal Information Protection Act, KOICA would like to obtain your consent for the provision of the following sensitive information to a third party.

| The recipient of personal information     | Purpose of use                                                                                                                                                                                              | Provided particulars of personal information                                                                       | Term of retention and use                     |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Koworks                                   | Checking personal information and qualifications for recruitment and selection, and operating training programs and managing performance. Managing participants, including immigration and sojourn support. | Religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note) | Destroyed upon termination of employment      |
| Training Institute (university)           | Operation of training and sojourn support                                                                                                                                                                   | Religion, health information (medical history), treatment records (detailed statement of treatment, doctor's note) | Destroyed upon termination of employment      |
| Insurance company (DB Insurance Co.,Ltd.) | (Registration) insurance purchase and roster management (compensation) document screening and claim payment management                                                                                      | Treatment records (detailed statement of treatment, doctor's note, etc.)                                           | (Registration) 3 years (Compensation) 5 years |
| KMI (Medical check-up institution)        | Conducting medical check-ups for participants                                                                                                                                                               | Health information (medical history, etc.)                                                                         | 10 years                                      |

You have the right to disagree with the provision of the above sensitive information. However, should you disagree, be informed that there may be restrictions on KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services, and on your participation in KOICA's training programs.

Agree ☐ Disagree ☐

### Consent to Provide Personally Identifiable Information to a Third Party

According to Article 24 of the Personal Information Protection Act, KOICA would like to obtain your consent for the provision of the following personally identifiable information to a third party.

| The recipient of personal information                                                 | Purpose of use                                                                                                         | Provided particulars of personal information | Term of retention and use                     |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| Koworks                                                                               | Immigration and sojourn support such as flight arrangements and insurance claims                                       | Passport number, alien registration number   | Destroyed upon termination of employment      |
| Training Institute (university)                                                       | Immigration and sojourn support, data management and certificate issuance                                              | Passport number, alien registration number   | For 5 years from termination of employment    |
| Insurance company (DB Insurance Co., Ltd.)                                            | (Registration) insurance purchase and roster management (compensation) document screening and claim payment management | Passport number, alien registration number   | (Registration) 3 years (Compensation) 5 years |
| Hana Tour Travel Agency / HanaTour-Business Travel Agency / Hyundai Dream Tour Agency | Flight reservations and ticketing, performance management, etc.                                                        | Passport number                              | Destroyed upon termination of employment      |

You have the right to disagree with the provision of the above personally identifiable information. However, should you disagree, be informed that there may be restrictions on KOICA's support such as visa issuance, immigration management, arrangement of flights and accommodations, KOICA Club activities, insurance and medical services, and on your participation in KOICA's training programs.

Agree ☐ Disagree ☐

### Agreement on Use of Personal Information for Sending Promotional Materials

According to Article 15 of the Personal Information Protection Act, KOICA would like to obtain your consent for the use of your personal information, as below, for sending promotional materials relating to KOICA's services and activities.

| Personal Information Used        | Purpose of use                                   | Term of retention and use |
|----------------------------------|--------------------------------------------------|---------------------------|
| Name, nationality, email address | Sending COVID-19 Information hub weekly briefing | 3 years                   |

You have the right to disagree with the use of the above personal information if you do not wish to receive KOICA's promotional information.

Agree ☐ Disagree ☐

Date: Name: Signature:



## II. SCHOLARSHIP PROGRAM PARTICIPANT GUIDELINE

### 1. Purpose

This guideline aims to help create a sound learning environment for participants under the KOICA Scholarship Program.

### 2. Definition of Terms

The terms used in this guideline are defined as follows.

- 2-1. "KOICA", a Korean organization dedicated to ODA, is in charge of the Scholarship Program, which is entrusted to universities and funded by KOICA.
- 2-2. "Scholarship Program (SP)", one of the Fellowship Programs provided by KOICA, refers to the master's or Ph.D. program, aiming to nurture key leaders who can contribute to the economic and social development of partner countries.
- 2-3. "University" refers to the university that is entrusted by KOICA to operate and be responsible for the SP.
- 2-4. "Participants" refers to individuals participating in the SP under the government nomination of partner countries. Upon enrollment, the participants are entitled to be provided with adequate support as students of the university, and bear the corresponding responsibilities.

### 3. Entering and Staying in Korea

- 3-1. Participants are not allowed to have their family members accompany them.  
\*If necessary, doctorate program fellows may be accompanied by family members six months after their arrival in Korea (subject to prior approval by KOICA and the university). Family members of participants are not allowed to work or engage in any profit-making activities in Korea, and KOICA and the university will not provide them with any support (both financial and administrative).
- 3-2. It should be noted that only the person whose name appears in the invitation letter issued by KOICA is considered as a program participant. No others will be given any support and amenities when entering and staying in Korea.
- 3-3. KOICA shall not be held responsible for any undertakings or consequences arising from the non-compliance with 3-1 and 3-2.

### 4. Leaving Korea

- 4-1. Participants shall leave Korea on the designated date of departure (in most cases, the course termination date). However, in exceptional cases such as a pandemic, participants may be asked to leave earlier than the expected date of departure.
- 4-2. If a participant loses his or her status as a KOICA participant pursuant to Item 5 of this Guideline, "Dismissal of Participant Status", he or she shall leave Korea within 3 days from the date on which the dismissal is decided.
- 4-3. If a participant has to extend his or her stay in Korea, or leave for a third country other than his or her home country, due to inevitable circumstances, a written approval from the home government (an official letter from the ministry to which he or she belongs) should be submitted to the KOICA head office through the KOICA overseas office or the Korean embassy in the home country.
- 4-4. Relevant expenses incurred under Guideline 4-3 shall be borne by the participant.

### 5. Dismissal of Participant Status

- 5-1. Participants will lose their status as SP participants if they commit any of the following acts or fall under any of the situations described below.
  - ① Falsifying statements on any of their application documents or providing false information in their application documents
  - ② Receiving serious disciplinary actions, such as suspension or expulsion from the university
  - ③ Violating Korean law
  - ④ Temporarily leaving Korea more than once without permission
  - ⑤ Being involved in any political activities
  - ⑥ Violating the agreement with KOICA
  - ⑦ Failure to follow the decisions made by KOICA regarding the program intentionally
  - ⑧ Behaving disgracefully as a participant of an SP
  - ⑨ Withdrawal from the program before completion

⑩ Failing to leave Korea within the given time frame as stated in section 4 of this guideline ("Leaving Korea")

5-2. If a participant loses his or her status as a KOICA SP participant, KOICA will notify the head of the Korean diplomatic establishment abroad and the government of the participant's home country of the fact.

## 6. Leaving Korea during the Program

6-1. If a participant intends to return to his or her home country during the course of the program, for unavoidable reasons such as serious illness, domestic affairs, or an urgent summons from the home government, he or she must acquire prior approval from the university with the following documents.

- ① A copy of the medical certificate (for sickness leave)
- ② Letter of explanation
- ③ Any other documents required by the university

6-2. If a participant has to return to his or her home country due to his or her own fault, and not for any of the reasons listed in 6-1 of this guideline, KOICA will notify the participant's original place of employment and the home government of the fact. The participant may not re-apply for any KOICA training programs in the future.

## 7. Temporary Leave

7-1. If a participant intends to leave Korea temporarily during the vacation, he or she must obtain approval from the university with the following documents by the date set by the university.

- ① Letter of confirmation from the advisor
- ② A copy of a round trip airline ticket
- ③ A copy of travel insurance (when traveling to a third country)
- ④ Any other documents required by the university

7-2. Temporary leave during the semester (including during summer and winter schools and orientation programs) is not allowed. Exceptions will be made only for inevitable reasons, such as death of a family member or a marriage of the participant. Even in these cases, a prior approval must be obtained from the university and KOICA.

7-3. For the days of the temporary leave, daily allowance will be deducted for each day of the leave (including days of departure and re-entry) and no exceptions will be made to the deduction.

7-4. In case of the death of an immediate family member (only for participants' own parents, spouse, and children), KOICA will support round-trip air-ticket for temporary leave with the following documents :

- ① a family death certificate
- ② a confirmation letter by a professor
- ③ a family relation certificate issued by the government
- ④ a travel insurance certificate

## 8. Scholarship Payment and Receipt

8-1. All matters regarding the payment and receipt of scholarship shall be defined by KOICA.

8-2. Scholarship may not be granted in the following cases. However, if KOICA acknowledges the inevitable nature of the participant's withdrawal from the SP, he or she may receive support for his or her return.

- ① Failure to leave Korea within the given time frame, for reasons other than inevitable reasons for departure stated in 4-3 of this guideline
- ② Dismissal of a KOICA participant status as stated in 5. Dismissal of Participant Status
- ③ Withdrawal and leaving Korea during the program for reasons other than what is stated in 6-1

## 9. Notification of Re-entry

If a participant re-enters Korea within the allowed period for a temporary leave, the participant shall report his or her re-entry to the person in charge at the university.

## 10. Notification of Changes in Contact Information

If there are any changes to the contact information of a participant, the change must be reported immediately to the university

## 11. Internships

11-1. Participants must follow the regulations regarding the internship, in order to guarantee full commitment to SP and create a "study-first" environment.

2 Participants must give first priority to their studies over any other activity.

② Internship activities related to research and academic activities of a participant's field of study, are allowed upon approval of the university.

11-2. If a participant earns more than KRW 20,000 a day from the internship, any exceeding amount will be deducted from his or her daily allowance.

## 12. Applicable Provisions

For any other matters not stipulated in this guideline, the academic regulation of the participant's registered university shall be applied.

## III. CODE OF CONDUCT

### 1. Purpose

The Code of Conduct for participants of the KOICA Scholarship Program (hereafter "Code of Conduct") aims to provide both ethical and behavioral standards for the participants to ensure the successful completion of the KOICA Scholarship Program (hereafter "SP").

### 2. Application and Compliance

This Code of Conduct applies to all participants of the KOICA SP.

### 3. Academic Performances

3-1. Participants follow the instructions and guidance provided by the professors and faculty of the university that they have enrolled in (hereafter "university") to facilitate their studies.

3-2. Participants faithfully attend their university classes and become fully involved in their studies in accordance with the regulations and guidelines of the university.

3-3. In order to ensure appropriate academic achievement, temporary leave or travel to a third country during the course of the semester is, in principle, not allowed. For temporary leave or travel to a third country during the summer and winter vacations, a participant must gain approval from the university. However, if there is a seasonal semester during the vacations, temporary leave or travel to a third country is not allowed.

3-4. Participants shall not seek employment or commercial activities for personal gain, except for internship programs approved by the university.

### 4. Program Outcome

Participants shall return to their organization of origin upon the completion of SP and try to apply the knowledge and skills they acquired from SP to contribute to the development and advancement of their home country.

### 5. Health Management

Participants are recommended to make efforts to stay healthy by working out regularly and seeking medical care if necessary. If and when participants experience a deterioration in health that may require care from medical professionals, they must report such a medical issue to the university to get necessary help.

### 6. Safety Measures

6-1. Participants must refrain from visiting places that may be dangerous, or getting involved in acts that may cause safety accidents. For any damages caused by voluntary actions that violate the Code of Conduct, the participant in question shall bear full responsibility.

6-2. If and when accidents or situations occur that may put participants at risk, SP participants shall immediately report the matter to the university to seek necessary help. However, if it is found and determined that SP participants are responsible for the occurrence of the reported accident or situation, whether intentionally or otherwise, the university may take disciplinary action against SP participants in accordance with their relevant regulations, after the resolution of such accident or situation.

### 7. Policy on Misconduct

7-1. Participants shall always behave, act and speak responsibly and honorably, recognizing that their words and actions represent the university and KOICA as well as the country of their origin.

7-2. Participants shall refrain from accessing inappropriate establishments that could undermine their dignity.

### 8. Discriminatory Actions and Sexual Harassment

- 8-1. Participants shall complete mandatory courses designed to prevent discrimination and sexual harassment provided by KOICA and the university and shall act accordingly.
- 8-2. Participants shall not engage in any aggressive or insulting behavior or use of words of discrimination against gender, religion, disabilities, age, nationality, physical appearance, marital status, family status, ethnicity, political opinion, or sexual orientation.
- 8-3. Participants shall not engage in any sexual harassment including sexually oriented jokes or innuendos, unwelcome invitations for outings, unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.
- 8-4. Participants shall be cognizant of the fact that sexual harassment herein is defined in accordance with international norms and standards. It is to be noted that sexual harassment shall be judged and determined on the basis of claims and feelings of victims, not the intent of the behavior.
- 8-5. Participants shall also acknowledge that both discriminatory actions or sexual harassment shall not only be regarded as a cause for disciplinary actions including dismissal from the SP, according to rules and regulations, but also be subject to legal actions under the Korean law. 8-6. It is strongly recommended that participants who fall victim to or witness to any act of discrimination or sexual harassment must immediately report the case to the university and seek assistance.

#### 9. Prohibition of Political Activity

Participants shall not take part in any political activity, such as supporting a certain political group or getting involved in any political movements.

#### 10. Compliance with the Regulations of the University and KOICA

- 10-1. Participants shall fully comply with the academic regulations of the university and the guidelines of KOICA.
- 10-2. If a participant violates any of the regulations of the university or KOICA, the participant shall be subject to disciplinary measures, as stipulated in such regulation.

### IV. DECLARATION

I, \_\_\_\_\_, of \_\_\_\_\_  
(name of applicant) (name of country)

*Certify that the statements I made in this form are **true and correct** to the best of my knowledge.*  
*If accepted for the program, I agree to **respect SP Participant Guidelines and Code of Conduct** set forth above.*  
*If I fail to comply with the terms and conditions of KOICA Scholarship Program, I will **accept any penalties and consequences** including dismissal from the Program and a report to my government and/or employer.*

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### PART 3. MEDICAL HISTORY QUESTIONNAIRE

#### MEDICAL HISTORY QUESTIONNAIRE (to be completed by the 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 may require additional support or facilities.

( )

*Note: Disability does not lead to dismissal or exclusion from the Program. However, depending upon the situation, you may be directly contacted by the KOICA Program Manager for a more detailed account of your condition.*

## 2. Medical History

- a. Please fill in if there is any disease you currently have or had in the past.

(If hospitalized, give place & dates).

|          |                             |                                                                            |
|----------|-----------------------------|----------------------------------------------------------------------------|
| Past:    | <input type="checkbox"/> No | <input type="checkbox"/> Yes >> Name of illness ( ), Place & dates ( )     |
| Present: | <input type="checkbox"/> No | <input type="checkbox"/> Yes >> Name of illness ( ), Present condition ( ) |

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

|          |                             |                                                                            |
|----------|-----------------------------|----------------------------------------------------------------------------|
| Past:    | <input type="checkbox"/> No | <input type="checkbox"/> Yes >> Name of illness ( ), Place & dates ( )     |
| Present: | <input type="checkbox"/> No | <input type="checkbox"/> Yes >> Name of illness ( ), Present condition ( ) |

- c. High blood pressure

|          |                             |                                                                                                                                                                       |
|----------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Past:    | <input type="checkbox"/> No | <input type="checkbox"/> Yes                                                                                                                                          |
| Present: | <input type="checkbox"/> No | <input type="checkbox"/> Yes >> • Present condition ( ) mm/Hg to ( ) mm/Hg<br>• Are you taking any medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes |

- d. Diabetes (sugar in the urine)

|          |                             |                                                                                                                                                               |
|----------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Past:    | <input type="checkbox"/> No | <input type="checkbox"/> Yes                                                                                                                                  |
| Present: | <input type="checkbox"/> No | <input type="checkbox"/> Yes >> • Present condition ( )<br>• Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes |

- e. What illness(es) have you had previously?

|                                                                                |                                        |                                                          |                                         |
|--------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Thyroid Problem                                       | <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"/> Stomach and Intestinal Disorder |                                         |
| <input type="checkbox"/> Infectious Disease >> Specify the name of illness ( ) |                                        |                                                          |                                         |
| <input type="checkbox"/> Others >> Specify ( )                                 |                                        |                                                          |                                         |

- f. Have the above illness(es) been cured?

|                                                              |                             |
|--------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes                                 | <input type="checkbox"/> No |
| - Specify the name of illness ( )<br>- Present condition ( ) |                             |

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

Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## PART 4. NOMINATION

### I. OFFICAL NOMINATION (to be completed by nominating government / organization)

The Government of \_\_\_\_\_ officially nominates  
(Name of Country) (Full Name of Nominee)

to participate in \_\_\_\_\_ as organized by the Korean Government (KOICA)  
(Title of Program)

and I, \_\_\_\_\_, on behalf of the Government of \_\_\_\_\_, certify that  
(Name of Authorized Official) (Name of Country)

- (a) All information including career and educational background quoted by the nominee in this form is true, complete and accurate to the best of my belief and knowledge.
- (b) The nominee has an adequate knowledge of and/or expertise in the training field and has a sufficient proficiency in the language required, both spoken and written, to undergo the Scholarship Program.
- (c) On behalf of the organization I agree to the terms and conditions of KOICA.
- (d) My organization shall be responsible for dealing with claims by KOICA and third parties where the loss or damage to their property, or death or personal injury was caused by gross negligence or willful misconduct of the Nominee during the participation in the KOICA Scholarship Program. describe any themes
- (e) **Nominee's unsatisfactory performance or failure to conform to the code of conduct may lead to limited opportunities for the organization's nomination to the KOICA Fellowship Program.**

Name(Authorized Official) : \_\_\_\_\_

Position/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Official Stamp Included)

### II. ORGANIZATION CHART with an appropriate marking of the nominee's position