2026 Scholarship Program for Descendants of UN Korean War veterans

(Hankuk University of Foreign Studies, Ministry of Patriots and Veterans Affairs, Korea)

1. Program Objective

The scholarship program is designed to provide higher education in Korea for descendants of UN Korean War Veterans in order to recompense the sacrifices made by those Korean War veterans of UN allied nations and to strengthen friendship with those nations.

2. Host Institutions

Hankuk University of Foreign Studies

http://www.hufs.ac.kr

Hankuk University of Foreign Studies (HUFS) was established in 1954. In addition to its focus on the theory and practice of foreign languages, HUFS encourages students to use the language skills that they have acquired to study the politics, economy, society and culture of each region of the world. HUFS is a specialized university that educates students to become creative experts, international Koreans and independent researchers who will contribute to the development and exchange of culture.

Ministry of Patriots and Veterans Affairs, Korea

http://www.mpva.go.kr

The Ministry of Patriots and Veterans Affairs (MPVA) functions as the bedrock of national patriotism and security by establishing and implementing policies and programs those provide compensation, educational benefits, health care, employment, and loan assistance to Patriots and Veterans.

3. Total Number of Scholarship Winners: Maximum 2 students

***** Nationality Requirement

National Quota	Name of Countries (22 Countries)			
1 from each of the UN	USA, Australia, United Kingdom, Canada, New Zealand, Türkiye, The Netherlands,			
allied nations	Luxemburg, Colombia, Belgium, Ethiopia, France, Greece, Philippines, South Africa, Thailand, India, Italy, Denmark, Sweden, Norway, Germany			
Total	Maximum 2 persons			

4. Applicable fields for Hankuk University of Foreign Studies

- o Available courses: Bachelor's Program, Master's Program or Doctoral Program
- o Available fields for Bachelor's Program
 - All undergraduate majors of colleges at HUFS (except for College of Education, Division of Language & Diplomacy, Division of Language & Trade): http://international.hufs.ac.kr
 - * Please also check the admission guide on the website for the list of colleges and eligibility. https://hufsoiam.notion.site/79024d3185ef457188acd6b241389067
- o Available fields for Master's or Doctoral Program
 - a. Graduate School: https://gra.hufs.ac.kr/gra/index.do
 - b. Graduate School of International & Area Studies (except for U-PEACE): https://gsias.hufs.ac.kr/gsias/index.do
- o All scholarship awardees must take 1 year of Intensive Korean language program once they arrive in Korea. The language program is offered on HUFS Global campus located in Yongin city. While taking the Korean language program, awardees will apply for their selected degree programs by mid-November, 2026.
- o It is the responsibility of each awardee to meet all requirements for the HUFS degree program admission including the language proficiency, such as obtaining TOPIK(Test of Proficiency in Korean) level 3 for the Korean track majors or TOEFL IBT 59 or IELTS 5.5 for English track majors. Their admission to our main degree program may be rejected otherwise.

5. General Notes for 2026 Selection

- o Applicants must be direct descendants of UN Korean War Veterans and must submit relevant documents.
- o National quota: Only 1 student from each country will be selected as scholarship awardee
- o Exemption of Intensive Korean language program for MA or PhD candidates: TOPIK level 5 or 6 certificate holder. These students may enter the graduate school starting from September 1, 2026.

6. Duration of Scholarship

- o Bachelor's Program
 - a. First year student admission: 5 yrs. (Mar. 3, 2026 \sim Feb. 2031)
 - 1 yr. of Intensive Korean language + 4 yrs. of Bachelor's program
 - b. Transfer admission: 3~4 yrs. (Mar. 3, 2026 ~ Feb. 2029 or 2030) 1 yr. of Intensive Korean language + 2~3 yrs. of Bachelor's program
- o Master's Program: 3 yrs. (Mar. 3, 2026 ~ Feb. 2029)
 - 1 yr. of Intensive Korean language + 2 yrs. of Master's program
- o Doctoral Program: 3~4 yrs. (Mar. 3, 2026 ~ Feb. 2029 or 2030)
 - 1 yr. of Intensive Korean language + 2~3 yrs. of Doctoral program

7. Intensive Korean Language Program

- o Duration: 1 year
- o Host Institution: Center for Korean Language and Culture, HUFS Global Campus in Yongin City
- o After 1 year of Korean language training, students will enroll in their selected degree programs.

8. Application Qualifications

- o Both the applicant and his/her parents must be citizens of a foreign country (non-Korean).
- o Applicants should be in good health, both mentally and physically, to stay in Korea for a long period of time.
- o Applicants must be able to live with a roommate as all the dormitories are double rooms.
- o Applicants should hold a high school, Bachelor's or Master's diploma at least by February 1, 2026.
 - * For the Bachelor's program
 - a. First year admission: students who hold a high school diploma after completing or successfully graduating from 12 years of formal education in or outside of Korea.
 - b. Transfer admission: 2-3 year college graduates or students who have completed at least 1-year of coursework at a university
 - * For the Master's program: students who hold a Bachelor's degree or a diploma that is equivalent to or higher than Bachelor's degree.
- * For the Doctoral program: students who hold a Master's degree or a diploma that is equivalent to or higher than Master's degree.
- * Applicants who are not in possession of the requisite diploma should present the required diploma before entry.
- o Bachelor's or Master's Program applicants should have a cumulative grade point average (G.P.A.) of at least 2.67 on a 4.0 scale, 2.87 on a 4.3 scale, 3.0 on a 4.5 scale.
- o Doctoral Program applicants should have a cumulative grade point average (G.P.A.) of at least 3.11 on a 4.0 scale, 3.34 on a 4.3 scale, 3.5 on a 4.5 scale.
 - * Students will be selected on the basis of their academic merits preferentially.

9. Scholarship Benefits

- o Scholarship Period: same as the period of invitation
- o Scholarship Benefits include:
 - Intensive Korean Language Program Fee: The full tuition fee will be paid by HUFS.
 - Degree Program Tuition: The admission fee and tuition fees will be paid by HUFS.
 - * Students should get a cumulative grade point average (G.P.A) of at least 3.0 on a 4.5 scale after they start their degree program at HUFS to receive their tuition scholarship.
 - Housing: On-campus housing will be provided by HUFS and financially supported by Korean War Memorial Foundation (KWMF) to the scholarship recipient.

- Monthly Allowance: about 400,000 KRW will be given to students from the Ministry of Patriots and Veterans Affairs (MPVA) and Korean War Memorial Foundation (KWMF) to the scholarship recipient.

* Scholarship amount is subject to change or may vary on yearly basis. The monthly allowance may not be sufficient to cover all living expenses in Korea. The Awardees are responsible for any other living expenses exceeding the monthly allowance, such as travel costs to and from Korea, costs related to the Korea National Health Insurance fee.

10. Application & Selection Procedures

- Application Submission Deadline: November 29, 2025

* Please send in the ORIGINAL DOCUMENTS of your application by POSTAL MAIL.

Office of International Admissions & Management

Centennial Building #204

Hankuk University of Foreign Studies (Global Campus)

81 Oedae-ro, Mohyeon-myeon, Cheoin-gu, Yongin-si,

Gyeonggi-do 17035, South Korea

- HUFS Selection Committee Evaluation: December 1, 2025 ~ December 26, 2025
- Announcement of Final Scholarship winners: December 29, 2025
- Entry to Korea: February, 2026
- Awardees must abide by the Korean Immigration Law. All related expenses are responsible by each awardee.
- Korean language course: starting from March 3, 2026

11. Contact & Mailing Information for HUFS

Ms. Jinju YOU / Korean War Scholarship Program Manager

- Tel: 82-31-330-4735
- Email: hufsinbound@hufs.ac.kr
- Website: http://international.hufs.ac.kr

12. Selection Criterion

o All documents including the transcript, self introduction, study plan, language proficiency (Korean or English), letter of recommendation, research papers and awards will be reviewed by the HUFS Selection committee.

13. Required Documentation (o – mandatory submission, \triangle – optional submission)

Check List for Application Documents	BA	MA	Ph.D
1. Application form (Attachment #1)	0	0	0
2. Self Introduction	О	0	О
3. Study Plan	О	0	o
4. A Letter of Recommendation	0	О	О
 5. Certificates(s) of graduation from previously attended Institution(s) -BA: Certificate(s) of graduation from middle school, and high school (or a certificate which presents the completion of 12 year formal education) -MA: Certificate of graduation from Bachelor's degree -Doctoral: Certificate of graduation from Master's degree 	0	0	0
6. Official transcript of previously attended institution(s) -BA: Official transcript of middle school, and high school -MA: Official transcript of Bachelor's degree -Doctoral: Official transcript of Master's degree	О	О	O
7. Certificate of current enrollment at a university or certificate of graduation from a college (For BA transfer)	О	-	-
8. Certificate of TOPIK score (original copy), if available	Δ	Δ	Δ
9. Certificate of TOEFL or IELTS score (original copy), if available	Δ	Δ	Δ
10. Published research papers or thesis, if available (one or two)	-	Δ	Δ
11. Awards, if available (one or two)	Δ	Δ	Δ
12. Copy of passport (information page)	О	О	О
13. Certificate of Citizenship of his/her Parents: birth certificate, passport, etc.	О	0	o
14. Official certificate of veteran's service in the Korean War from whom he/she is claiming relationship	O	0	0
15. Official certificate of direct descent from Korean War veteran (son, daughter, grandchild or great-grandchild) *Can be replaced with PEACE Camp participation certificate given by MPVA.	О	О	0
16. Health Examination Form for International Students (Attachment #2) *Must submit a completed health form signed by a doctor.	О	О	O

o Note

- Documents should be presented in the original form. Documents not written in English or Korean must be accompanied by a complete and accurate English or Korean translation certified by the issuing institution.
- Submitted documents will not be returned to the candidates.
- Incomplete or inaccurate documents are subject to rejection by HUFS & MPVA. (Even after entry to Korea)
- In case of submitting copies or translated copies of original documents (e.g. diploma), applicants must submit the original to the Korean Embassy (Consulate) to have the copy notarized or to the Apostille office in their home country to be certified as a bona fide copy of the original.
- Applicants who do not hold a diploma may submit a certificate or letter of anticipated graduation.

Check List for Application Documents

1) Name of Applicant: (given name) (family name)		
2) Country:		
3) Desired Degree Program: \Box Bachelor's \Box Bachelor's Transfer \Box Master's (*Please tick($$) in the appropriate box.)	s 🗆 Do	octoral
Application Documents	Submis	ssion(Y/N)
Check List	Yes	No
1. Application form (Attachment #1)		
2. Self Introduction		
3. Study Plan		
4. A Letter of Recommendation		
5. Certificates(s) of graduation from previously attended Institution(s)		
6. Official transcript of previously attended institution(s)		
7. Certificate of current enrollment at a university or certificate of graduation from a college (For BA transfer)		
8. Certificate of TOPIK score (original copy), if available		
9. Certificate of TOEFL or IELTS score (original copy), if available		
10. Published research papers or thesis, if available (one or two)		
11. Copy of Awards, if available (one or two)		
12. Copy of passport (information page)		
13. Certificate of Citizenship of his/her Parents: birth certificate, passport, etc.		
14. Official certificate of veteran's service in the Korean War from whom he or she is claiming relationship		
15. Official certificate of direct descent from Korean War veteran (son, daughter, grandchild, great-grandchild)		
16. Health Examination Form for International Students (Attachment #2)		

Attachment #1



2026 Scholarship Program for Descendants of UN Korean War Veterans



Hankuk University of Foreign Studies Ministry of Patriots and Veterans Affairs, Korea

* Please fill in all relevant sections of the application form and write clearly.	
Please indicate your desired degree program:	
Undergraduate Study	
Undergraduate Study(transfer)	
Master's Study	<u> </u>
Doctoral Study	
Doctoral Stady	
Personal Information	
Family Name: First Name:	
Family Name: First Name: Sex (Male/Female):	
Date of Birth (dd/mm/yy):/	Attach
	Your photo
Country of Birth: Nationality: Passport	here (3 * 4 cm)
Number: Date of Issue:// Date of Expiry://	
First Language: Email:	
than (please write clearly)	
Address:	1
Country: Postal Codes:_	
Telephone:	
Korean War Veteran's Information	
-	
* Korean War veteran from whom you are claiming relationship	
Full Name: Date of Birth (dd/mm/yy): _	/
Period of service in the Korean War (dd/mm/yy): From/ to/	
Nationality:	
Name of Troop: Rank or Position:	
* Your relationship with him or her (Please tick where appropriate)	

			Great-grai	nddaughter
ducational Background				
formation of your final education				
Name of institution:				
City:				
Major, if available:				
Cumulative GPA:	out of	/ Check if not available		
Date of graduation or anticipate	d graduation (dd/mm/yy):			
Degree Level: High school	Bachelor	Master		
Title of one desetion discout di	.0 .1.1.1			
riue or graduation dissertation,	if available:			
Published papers, if available:				
Published papers, if available: _				
Published papers, if available: _				
Published papers, if available:Awards, if available:				
Published papers, if available: Awards, if available: cademic Careers	Period (years)			Diploma o
Published papers, if available: Awards, if available: cademic Careers				Diploma o
Published papers, if available: Awards, if available: cademic Careers	Period (years) - ()			Diploma c
Published papers, if available: Awards, if available: cademic Careers	Period (years)			Diploma o
Published papers, if available: Awards, if available: cademic Careers	Period (years) - ()			Diploma o
Published papers, if available: Awards, if available: cademic Careers	Period (years) - ()			Diploma o
Published papers, if available: Awards, if available: cademic Careers	Period (years) - () - ()			Diploma c
Published papers, if available: Awards, if available: cademic Careers	Period (years) - () - ()			Diploma o

Desired Major at HUFS

	Gyeonggido)			
* Name of College or graduate school	ol at HUFS:			
* Majors - 1st Choice:				
- 2 nd Choice:				
- 3 rd Choice:				
Language Proficiency				
* English: TOEFL	IELTS	S		
* Korean: TOPIK				
* Please estimate your level of Kore	an if you do not ha	ve an official TOPIK s	core: Beginner 🔲 🛘 Ir	ntermediate Advance
* Admission requirement for HUFS				
For Korean Track Major: TOPIK		· ·		
* You must present a valid language		, 2026 or your admission	on to HUFS degree pro	ogram will be rejected.
Occupation and Research Car	reer			
Name of company or institution	Country	Period	Position	Duty
Traine or company or morror	20 min	-	1 65111611	2,
		_		
		-		
Health Statement				
Treatti Statement				
Do you have serious health prob	lems or require dis	ability support? YES	□ NO □	
	-	J 11	<u> </u>	
Scholarship Statement				
Have you received any scholarsl	nin from HUES or t	the Korean governmen	t before? VES	NO 🗍
If YES , please specify:	iip iioiii iioi 5 oi 1	ine Korean governmen	toctore: TES	NO
11 126, produce speedly :				

We will not process incomplete application forms. Please make sure that you have completed all relevant sections of the pplication form and provided all required attachments. \$ Please submit completed application form & all required supporting documents by postal mail to: Office of International Admissions & Management Centennial Building #204 Hankuk University of Foreign Studies (Global Campus) 81 Oedae-ro, Mohyoen-myeon, Cheoin-gu, Yongin-si, Gyeonggi-do 17035, South Korea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea ttachment #2 Health Examination Form for International Students Hankuk University of Foreign Studies Personal Information Family Name(程):	Name	Signature	Date				
\$ Please submit completed application form & all required supporting documents by postal mail to: Office of International Admissions & Management Centennial Building #204 Hankuk University of Foreign Studies (Global Campus) 81 Ocdae-ro, Mohycon-mycon, Cheoin-gu, Yongin-si, Gyeonggi-do 17035, South Korea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea ttachment #2 Health Examination Form for International Students Hankuk University of Foreign Studies - Personal Information Family Name(独):	We will not process incomplete	e application forms. Pleas	se make sure that you have completed all	l relevan	ıt se	ections	of th
Office of International Admissions & Management Centennial Building #204 Hankuk University of Foreign Studies (Global Campus) 81 Ocdac-ro, Mohyeon-mycon, Cheoin-gu, Yongin-si, Gyeonggi-do 17035, South Korea - Telephone : 82-31-330-4735 (Yong-in) - Email : hufsinbound@hufs.ac.kr - Websites : http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea **Ittachment #2 **Health Examination Form for International Students** Hankuk University of Foreign Studies **Personal Information** Family Name(½):	application form and provided a	all required attachments.					
Centennial Building #204 Hankuk University of Foreign Studies (Global Campus) 81 Oedae-ro, Mohyeon-myeon, Cheoin-gu, Yongin-si, Gyeongei-do 17035, South Korea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://www.facebook.com/hufskorea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - http://www.facebook.com/hufskorea - Telephone: http://www.facebook.c	§ Please submit completed	d application form & all re	equired supporting documents by postal m	ail to:			
Hankuk University of Foreign Studies (Global Campus) 81 Oedae-ro, Mohyeon-myeon, Cheoin-gu, Yongin-si, Gyeonggi-do 17035, South Korea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea **Attachment #2 **Health Examination Form for International Students** Hankuk University of Foreign Studies **Personal Information** Family Name(性): First Name(名): Date of Birth(ad/mm/yy): / Gender: Male() Female () Nationality: **Personal Medical Assessment** 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes { } No () 2 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes { } No () 3 3. Have you ever had any of the followings? Yes { } No () 2 4. Do you have any allergies? Yes { } No () 3 5. Have you ever cared for by a mental clinician? Yes { } No () 3 If the answer to any of above questions is Yes, please provide the question number and specify in details below **HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.**	Office of Internationa	l Admissions & Managem	ent				
81 Oedae-ro, Mohyeon-myeon, Cheoin-gu, Yongin-si, Gyeonggi-do 17035, South Korea - Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea - Websites: http://international.hufs.ac.kr / http://www.facebook.com/hufskorea - Health Examination Form for International Students - Health	Centennial Building #	204					
Cyconggi-do 17035, South Korea - Telephone : 82-31-330-4735 (Yong-in) - Email : hufsinbound@hufs.ac.kr - Websites : http://international.hufs.ac.kr http://www.hufs.ac.kr http://www.facebook.com/hufskorea	Hankuk University of	Foreign Studies (Global C	Campus)				
- Telephone: 82-31-330-4735 (Yong-in) - Email: hufsinbound@hufs.ac.kr - Websites: http://international.hufs.ac.kr / http://www.hufs.ac.kr / http://www.facebook.com/hufskorea ***ttachment #2 **Health Examination Form for International Students** Hankuk University of Foreign Studies **Personal Information** Family Name(姓): First Name(名): Date of Birth(dd/mm/yy): / Gender: Male() Female () **Nationality: **Personal Medical Assessment** 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () 3. Have you ever had any of the followings? Yes () No () 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below **HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.**	81 Oedae-ro, Mohyeon	n-myeon, Cheoin-gu, Yong	gin-si,				
- Websites: http://international.hufs.ac.kr / http://www.facebook.com/hufskorea Attachment #2 Health Examination Form for International Students Hankuk University of Foreign Studies Hankuk University of Foreign Studies Personal Information Family Name(姓): First Name(名): Date of Birth(ad/mm/yy): / Gender: Male() Female () Nationality: Personal Medical Assessment 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Gyeonggi-do 17035, S	outh Korea					
Health Examination Form for International Students Hankuk University of Foreign Studies Personal Information Family Name(姓): First Name(名): Date of Birth(dd/mm/yy):/ Gender: Male() Female () Nationality: Personal Medical Assessment 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () 3. Have you ever had any of the followings? Yes () No () (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below	- Telephone : 82-31-330	0-4735 (Yong-in) -	- Email : <u>hufsinbound@hufs.ac.kr</u>				
Health Examination Form for International Students Hankuk University of Foreign Studies Personal Information Family Name(姓): First Name(名): Date of Birth(dd/mm/yy):/ Gender: Male() Female () Nationality: Personal Medical Assessment 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () 3. Have you ever had any of the followings? Yes () No () (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below	- Websites : http://inter	rnational .hufs.ac.kr / <u>http</u> :	://www.hufs.ac.kr / http://www.facebook.co	om/hufsl	kore	ea	
Health Examination Form for International Students Hankuk University of Foreign Studies Personal Information Family Name(姓): First Name(名): Date of Birth(dd/mm/yy):/ Gender: Male() Female () Nationality: Personal Medical Assessment 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () 3. Have you ever had any of the followings? Yes () No () (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below	Attachment #2						
Hankuk University of Foreign Studies Personal Information Family Name(姓): First Name(名): Date of Birth(dd/mm/yy):/ Gender: Male() Female () Nationality: Personal Medical Assessment 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () 3. Have you ever had any of the followings? Yes () No () (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.							
Personal Information Family Name(姓):	Health			al Stu	Jd	ent	S
Family Name(姓):	FEMPERSTRY OF FOREIGN		, and even of the				
Family Name(姓):							
Date of Birth(dd/mm/yy):/ Gender: Male() Female () Nationality:							
Nationality:							
Personal Medical Assessment 1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () 3. Have you ever had any of the followings? Yes () No () (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below (Describe) HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	Fire	st Name(名):	_			
1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No () 2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No () 3. Have you ever had any of the followings? Yes () No () (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓): Date of Birth(dd/mm/yy):_	Fir:	st Name(名):	_			
2. Have you ever made repeated visits to a doctor for an illness or injury? 3. Have you ever had any of the followings? (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below (Describe) HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓): Date of Birth(dd/mm/yy):_	Fir:	st Name(名):	_			
3. Have you ever had any of the followings? (Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below (Describe) HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓): Date of Birth(dd/mm/yy):_ Nationality:		st Name(名):	_			
(Hepatitis, tuberculosis, close contact with any infectious disease) 4. Do you have any allergies? Yes () No () 5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below (Describe) HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓): Date of Birth(dd/mm/yy):_ Nationality: 2. Personal Medical Assessn	First	st Name(名): _ Gender: Male() Female ()	No ()
4. Do you have any allergies? 5. Have you ever cared for by a mental clinician? If the answer to any of above questions is Yes, please provide the question number and specify in details below (Describe) HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	First / / / nent s illness or injury that require	st Name(名): _ Gender: Male() Female (ed hospitalization in the last two years?	-) Yes (
5. Have you ever cared for by a mental clinician? Yes () No () If the answer to any of above questions is Yes, please provide the question number and specify in details below HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	nent s illness or injury that require	st Name(名): _ Gender: Male() Female (ed hospitalization in the last two years?	Yes ()	No ()
If the answer to any of above questions is Yes, please provide the question number and specify in details below (Describe) HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	nent s illness or injury that require eated visits to a doctor for the followings? ose contact with any infections.	ed hospitalization in the last two years?	Yes ()	No ()
HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	nent s illness or injury that require eated visits to a doctor for of the followings? ose contact with any infects?	ed hospitalization in the last two years?	Yes (Yes (Yes (Yes ()	No (No ()
HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	nent s illness or injury that require eated visits to a doctor for of the followings? ose contact with any infects?	ed hospitalization in the last two years?	Yes (Yes (Yes (Yes ()	No (No ()
HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	nent s illness or injury that require eated visits to a doctor for of the followings? ose contact with any infect s? by a mental clinician?	ed hospitalization in the last two years? ran illness or injury?	Yes (Yes (Yes (Yes (Yes (Yes ()	No (No (No ()
HEREBY STATE THAT THE INFORMATION SUBMITTED ON THIS FORM IS TRUE.	Family Name(姓):	nent s illness or injury that require eated visits to a doctor for of the followings? ose contact with any infect s? by a mental clinician?	ed hospitalization in the last two years? ran illness or injury?	Yes (Yes (Yes (Yes (Yes (Yes ()	No (No (No ()
tudent Signature Date	Family Name(姓):	nent s illness or injury that require eated visits to a doctor for of the followings? ose contact with any infect s? by a mental clinician?	st Name(名): Gender: Male() Female (ed hospitalization in the last two years? r an illness or injury? ctious disease)	Yes (Yes (Yes (Yes (Yes (Yes ()	No (No (No ()
	Eamily Name(姓):	nent s illness or injury that require eated visits to a doctor for of the followings? ose contact with any infect s? by a mental clinician?	st Name(名): Gender: Male() Female (ed hospitalization in the last two years? r an illness or injury? etious disease) rovide the question number and specify in	Yes (Yes (Yes (Yes (Yes (Yes ()	No (No (No ()

3. Health Examination Report (This form is VALID only if completed and signed by a clinician)							
-Tuberculosis Test (please select the test applicable for you)							
a) Chest X-Ray			Date Taken:				
b) Skin Test			Date Taken:				
Results:	Negative						
	Positive		Please Describe:				
Clinician's Signature							
MD/NP/PA Name (Please Print)			Signatu	re	Date		
Address			Count	y	Telephone Number		