

## Application Guidelines

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

- a. Carefully read your **Application Guideline(AG)** and **Program Information(PI)** prior to completing the application form;
- b. Use a personal computer in completing the form, or handwrite in **block letters**;
- c. Fill in the form in **English**;
- d. Be sure to fill in **every part** of the form;
- e. Send the completed form to your country's KOICA Office - or the Embassy of Korea stationed in your nearest country if the former is not available- together with a **copy of your passport**; and
- f. Be reminded that your participation may be denied if you fail to provide the required information and documents completely and on time.

### Application Checklist

Items	Page No.	Check(√) if completed
a. Filled in every item of Applicant Information	2-4	
b. Ticked agree/disagree box for <b>Agreement on Collection and Use Personal, Sensitive, and Unique Identifying Information</b>	5-6	
c. Thoroughly read <b>Scholarship Program Guideline</b> and <b>Code of Conduct</b>	6-9	
d. Signed the <b>declaration</b> for terms and conditions	9	
e. Signed and filled in every part of <b>Medical History Questionnaire</b>	10	
f. Had an authorized official from your government to complete and sign the <b>Nomination</b> form	11	
g. Have a <b>copy of 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: \_\_\_\_\_



<b>Job Description</b>	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 setback 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



## PART 2. TERMS & CONDITIONS

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

### 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 policy and regulations.
- b. KOICA may provide and disclose the collected information aforesaid to a third party in accordance with KOICA policy and regulations, with the relevant laws of Korea, or upon the 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. thesis, essay, etc.) including their duplication, translation, distribution, and/or posting on websites (KOICA website and/or other websites related to Korean 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), or send an email to [koica.sp@koica.go.kr](mailto:koica.sp@koica.go.kr).
- 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 to the KOICA Fellowship Program if you do not agree with the above conditions.

#### Agreement on Collection and Use of Personal Information

- ① KOICA collects and uses the participants' Unique Identifying Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
  - **Personal Information Collected** : name, date of birth, sex, nationality, contact information, employment status, career and educational record
  - **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
- ② If you do not approve our collection and use of your personal information, you may also refuse to agree. However, you may have limited support from KOICA regarding visa issuance, immigration management, flight and accommodation arrangement, KOICA Club activities, insurance and medical service.

Agree

Disagree

**Agreement on Collection and Use of Sensitive Information**

- ① KOICA collects and uses the participants' Sensitive Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
- **Sensitive Information Collected** : religion, medical information
  - **Purpose** : implementation and organization of the KOICA Fellowship Program in consideration of participants' religious characteristics, screening of participants' health condition to participate in KOICA Fellowship Program, insurance and medical service
  - **Retention Period** : 3 years for hard copy / permanent preservation for soft copy
- ② If you do not approve our collection and use of your sensitive information, you may also refuse to agree. However, you may have limited support from KOICA regarding your religious activities and requirements, insurance and medical service.

**Agree**                       **Disagree**

**Agreement on Collection and Use of Unique Identifying Information**

- ① KOICA collects and uses the participants' Unique Identifying Information; and is able to provide such information for a third party in accordance with KOICA policy and regulations.
- **Unique Identifying Information Collected** : passport number, alien registration number
  - **Purpose** : visa issuance, immigration management, flight and accommodation arrangement, insurance and medical service
  - **Retention Period** : 5 days after the accomplishment of the purpose specified above
- ② If you do not approve our collection and use of your unique identifying information, you may also refuse to agree. However, you may have limited support from KOICA regarding visa issuance, immigration management, flight and accommodation arrangement, insurance and medical service.

**Agree**                       **Disagree**

**II. SCHOLARSHIP PROGRAM PARTICIPANT GUIDELINE**

**1. Purpose**

This guideline aims to provide necessary guidance to help to create a sound environment for the study of 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, entrusting it to universities and providing funding.
- 2-2. "Scholarship program (SP)," one of the Fellowship programs provided by KOICA, refers to a masters degree program, aiming to nurture key leaders who can contribute to 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" refer to individuals participating in the SP under the nomination of the governments 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. Obtaining a Degree

3-1. Participants shall obtain a master's degree at their registered university.

3-2. If a participant loses his or her status as a KOICA participant in accordance with the guideline 6. "Dismissal of participant Status", he or she shall automatically lose the qualification as a degree candidate in the university.

### 4. Entering and staying in Korea

4-1. In principle, Participants are not allowed to accompany their own family members to stay in Korea during SP duration, except for their family members' temporary visiting or traveling less than a month.

4-2. It should be noted that only the person whose name appears in the invitation letter sent by KOICA is considered as a program participant. No others will be given any support and amenities when entering and staying in Korea.

4-3. KOICA shall not be held responsible for any undertakings or consequences arising from the non-compliance of 4-1 above.

### 5. Leaving the Korea

5-1. Participants shall leave Korea on the designated day for leaving the country.

5-2. If a participant loses one's status as a KOICA participant pursuant to the guideline 6. "Dismissal of Participant Status", he or she shall leave Korea within 3 days from the date the dismissal is decided.

5-3. 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 should be submitted to the KOICA head office through the Korean embassy in the home country.

5-4. Even in the case for the guideline 5-3, the relevant expenses shall be borne by the participant.

### 6. Dismissal of Participant Status

6-1. 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 the Korean law
- ④ Temporarily leaving Korea for more than once without permission
- ⑤ Involved in any political activities
- ⑥ Violation of the agreement with KOICA
- ⑦ Failure to follow the decisions made by KOICA regarding the program intentionally
- ⑧ Behaving disgracefully as a participant of a SP
- ⑨ Withdrawal from the program before completion
- ⑩ Failing to leave Korea within the given time frame as stated in this guideline 5. Leaving the Country of this guideline

6-2. If a participant loses one's 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.

### 7. Leaving Korea During the Program

7-1. If a participant intends to return to one's home country during the course of the program, due to unavoidable reasons such as serious illness, domestic affairs, or an urgent summoning 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

7-2. If a participant has to return to one's home country due to one's own fault, and not for any of the reasons listed in guideline 7-1, 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.

## 8. Temporary Leave

8-1. 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 air ticket
- ③ A copy of traveler insurance (when traveling to a third country)
- ④ Any other documents required by the university

8-2. 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 family member or a marriage of the participant. Even in these cases, a prior approval must be obtained from the university and KOICA.

8-3. For the days of the temporary leave, daily allowance will be deducted for each day of a leave (including days of departure and re-entry). And there will be no exception for deduction.

8-4. In case of death of an immediate family member (only for participants' own parents, spouse, and children), KOICA will support round-trip air-ticket for temporary leave.

## 9. Scholarship Payment and Receipt

9-1. The matters regarding the payment and receipt of scholarship shall be defined by KOICA.

9-2. Scholarship may not be given out under the following cases. However, if KOICA acknowledges the inevitable nature of the matter of the withdrawal from the SP, the participant 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 5-3 of this guideline
- ② Dismissal of a KOICA participant status as stated in 6. Dismissal of Participant Status.
- ③ Withdrawal and leaving Korea during the program for reasons other than stated in 7-1

## 10. 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.

## 11. Notification of Changes in Contact Information

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

## 12. Internship

12-1. Participants must follow the regulations regarding internship, in order to guarantee full commitment to SP and create a "study-first" environment.

- ① 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 area of studies, are allowed upon approval of the university.



12-2. If a participant earns more than KRW 20,000 a day from the internship, any exceeding amount will be deducted from one's daily allowance.

### **13. 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 regulation and guidelines of the universities.
- 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.
- 3-4. Participants shall not seek employment or commercial activities for personal gains, 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 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 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 actions 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 impair 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 invitation 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 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 of 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 guideline of KOICA.
- 10-2. If a participant violates any of the regulation of the university or KOICA, he or she shall be subject to disciplinary measures, as stipulated in such regulation, can be enforced.

**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 Guideline and Code of Conduct** set forth above.*

*If I fail to comply the terms and conditions of KOICA Scholarship Program,*

*I will **accept any penalties and consequences** including dismissal from the Program  
and 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)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> Name of Medication ( _____ ), Quantity ( _____ )
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b. Are you pregnant? (female only)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >> ( _____ months )
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c. Please indicate any needs arising from disabilities that may require additional support or facilities.

( _____ )
<p><i>Note: Disability does not lead to dismissal or exclusion from the Program. However, upon the situation, you may be directly inquired by the KOICA Program Manager for more detailed account of your condition.</i></p>

**2. Medical History**

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

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

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

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

c. High blood pressure

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

d. Diabetes (sugar in the urine)

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

e. 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. Has the above illness(es) been cured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Specify the name of illness ( _____ ) - 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 of 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 to the KOICA Scholarship Program.
- (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

(This area is reserved for the Organization Chart, which should include an appropriate marking of the nominee's position.)