

Sungshin Women's University

Application Documents Checklist

No.	Application Documents	Note	Submission Method		check
			Online	Post	
1	Online Application Form	Required	O	O	
2	Passport copy (Color scan of the first page which includes name and passport number)		O	O	
3	Official Academic transcripts (English)		O	O	
4	Official Certificate of Enrollment		O	O	
5	Letter of Nomination		O	O	
6	Personal Medical Assessment (Self-check)		O	O	
7	Proof of Bank Statement		O	O	
8	ID Photo (3.5*4.5 cm)		O	X	
9	Language Proficiency Certificate - TOPIK or English (TOEFL, IELTS)	Optional			

- **Nomination (By Home University) :** <https://forms.gle/zWDdWnANSoToEXU48>

- **Application**

1. Online (By Students)

- Link: <https://tis.sungshin.ac.kr/comm/nxui/member/join.do?join=9>

- Upload the Application Documents (PDF/JPG)

* Please apply and upload all required documents through our online system.

All attachments and information must be clear and accurate.

2. Sending Original Application Documents (By Home University)

Mailing Address: 2, Bomun-ro 34da-gil, Seongbuk-gu, Seoul 02844 Republic of Korea

Sungshin Women's University - Office of International Affairs and Services

Soojung Campus, Sungshin Hall 1st floor

* Please send all original application documents for nominated students together by postal mail to the Office of International Affairs and Services, Sungshin Women's University, by original-documents arrival deadline

Personal Medical Assessment

Note: This form is a personal medical self-assessment. The purpose is to provide basic health information so that the university can offer appropriate support in case of emergency. If you have any specific or significant health conditions, please submit additional medical documents individually.

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Blood Type		DOB (dd/mm/yyyy)	
QUESTION			YES	NO	Remarks
Do you consider your general health to be good?					
Do you have allergies?					
Do you have any chronic diseases? (e.g., hypertension, diabetes, asthma)					
Are you taking any prescribed medication?					
Have you been hospitalized or undergone surgery in the last 2 years?					
Do you have any disabilities? (e.g., physical, visual/hearing or cognitive)					
Have you ever been treated for mental health concerns that may affect your study abroad?					
Are you on a special diet?					
Are you pregnant? (if applicable)					
Others (please specify)					

Date (yyyy-mm-dd)

Applicant's Full Name

Signature