



National Museum of Korea

# 2024 NMK Museum Network Fellowship Application Form

## PERSONAL INFORMATION

\* All fields are mandatory.

<b>Full Name</b>	<ul style="list-style-type: none"> <li>• <b>Title:</b> <i>if any</i></li> <li>• <b>Given Name:</b></li> <li>• <b>Surname:</b></li> </ul>
<b>Nationality</b>	
<b>Birth Year / Gender</b>	
<b>Institution / Job Position</b>	
<b>Responsibilities</b>	
<b>Education</b>	<ul style="list-style-type: none"> <li>• <b>Degree:</b> <ul style="list-style-type: none"> <li>- <b>Institution:</b></li> <li>- <b>Major:</b></li> <li>- <b>Graduation Year:</b></li> <li>- <b>Title of Thesis:</b></li> </ul> </li> </ul>
<b>Language</b>	<div> <input type="checkbox"/> <b>Korean</b>    (<input type="checkbox"/> Elementary    <input type="checkbox"/> Intermediate    <input type="checkbox"/> Advanced)         </div> <div> <input type="checkbox"/> <b>English</b>    (<input type="checkbox"/> Elementary    <input type="checkbox"/> Intermediate    <input type="checkbox"/> Advanced)         </div> <div> <input type="checkbox"/> <b>Others</b>    _____                                 (<input type="checkbox"/> Elementary    <input type="checkbox"/> Intermediate    <input type="checkbox"/> Advanced)         </div>
<b>Contact Information</b>	<div><input type="checkbox"/> <b>Mailing Address:</b></div> <div><input type="checkbox"/> <b>Telephone Number:</b></div> <div><input type="checkbox"/> <b>E-mail:</b></div>

## ACHIEVEMENTS AND FUTURE PLANS

Please fill in the table below regarding your research and professional achievements in the field of Korean archaeology, history, art, culture, etc. between 2019 and 2023, and/or your plans for future research and projects in the related field in 2024 and 2025. You may change and/or add the table if necessary. All the achievements stated below should be complemented by proof document (e.g. proof of employment/enrollment, exhibition posters and reports, abstract of articles, covers and contents of journals). As for the future plans, confirmation document written by the applicant's superior (head of the department, academic advisor, etc.) should be submitted.

No.	Period	Title of Project	Institution	Role
1				
2				
3				

No.	Date	Journal/Conference	Title of Article/Presentation
1			
2			
3			

### Statement of Purpose

I hereby certify that the statements made in this application are true, complete and correct, to the best of my knowledge, and are made in good faith.

Signature \_\_\_\_\_ Date \_\_\_\_\_