**BK 21 PLUS: Together Science Education for the Future (TOSEF)**

***Young Scholars in Science Education***

**Application Form**

|  |  |  |
| --- | --- | --- |
| Candidate No. (For internal purposes only) |  |  |
| Position for which you are applying: | (Please √ one)BK Assistant Professor ( ) Post-Doctoral Researcher ( ) |  |  (Photo)3㎝ × 4㎝  |
| **1. Education Experience** |  |
| Name | English | Gender | Female ( ) Male ( ) |
| In native language ( ex. Korean) | Date of Birth | YYYY.MM.DD |
| Name of Dept. / Institution | Attendance of Attendance(YY.MM – YY.MM) | Degree Obtained |
| Education |  | ~ |  |
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| Major | Bachelor | Masters | Doctorate |
| Professional Employment History – (List only the most recent two years)1. Place of Employment

Title Duties Employment period (YY.MM – YY.MM)1. Place of Employment

Title Duties Employment period (YY.MM – YY.MM) |
| Contact Information \* Address \* Cell Phone \* Email |

**RESUME**

**2. Professional Employment Experience**

|  |  |  |  |
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| Position for which you are applying: | (Please √ one)BK Assistant Professor ( ) Post-Doctoral Researcher ( ) | Name | English |
| In native language ( ex. Korean) |

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| Professional Employment Experience |
| Work Period (YY.MM – YY.MM) | Place of Employment (Dept. Name/ Institution) | Title/Duties |
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Please note, should you be selected for the position, you must submit official documents of proof regarding education and employment history.

**3. (Research Achievements – most recent 5 year period)**

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| Position for which you are applying: | (Please √ one)BK Assistant Professor ( )Post-Doctoral Researcher ( ) | Name | English |
| In native language ( ex. Korean) |

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| **List of Publications** **(list in descending order - including Theses and/or Dissertations)** |
| Year | Type | Title | Authors | Journal (Volume/Issue) | Publisher | SSCISCISCOPUS |
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1. Under “Type” category, please indicate if publication is a journal article, book chapter, report, translation, thesis, etc.
2. If the space provided is not enough, please add more rows to the form.

I hereby declare that all of the above information is correct to the best of my knowledge.

Year Month Date

Name (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (or stamp) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_