**KOPRI Fellowship Program 2023 Application Guidelines**

As one of Korea Polar Research Institute’s initiatives to promote research collaboration, the fellowship program utilizes KOPRI’s capacity to provide future generation polar scientists with networking and research opportunities.

KOPRI invites students and researchers to take part in the “KOPRI Fellowship Program”, and actively engage in polar sciences. Please note that the program has three categories: Asia, Arctic and Antarctic. Applicants are advised to select one and submit the required documents for their application accordingly.

**Application and Supporting Documents**

A. Application Form

Please fill out the “Application Form for the “KOPRI Fellowship Program 2023”, attached to the Application Guidelines.

B. Research Proposal (free form, max. 5 pages)

The research proposal should describe your research plan during your stay in KOPRI. Please make sure to include the project title, present research related to the research plan, research purpose, proposed plan, and expected results and impacts. Explain how your research at KOPRI could fit with KOPRI’s research focus and how it will enhance your professional development.

A summary of the proposal should be included in the Application Form (item 11).

C. Home Institute Agreement (free form)

The home institute agreement should be issued from your current affiliation.

D. Letter of Recommendation

A letter of recommendation from a national representative should be submitted together with the Application.

In case of applicants for Asia Fellowship Program from AFoPS (Asian Forum for Polar Sciences) member countries, the letter of recommendation should be from the AFoPS National Representative. For applicants from non-member countries, a recommendation from an equivalent institution is required.

**Korea Polar Research Institute (KOPRI)**

Application Form for KOPRI Fellowship Program 2023

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| Please indicate which program you are applying for by checking (☑) on the box.  □ Asia Fellowship program  □ Arctic Fellowship program  □ Early Career Researcher  □ Researcher of Arctic Indigenous heritage  □ Antarctic Fellowship program | | | | | | | | |
| 1. Name (Please capitalize your family name) | | | | | | | | |
|  | | | | | | | | |
| 2. Date of Birth | | 3. Nationality/Citizenship | | | | 4. Gender:  □ Female  □ Male | | |
| DD / MM / YYYY | |  | | | |
| 5. Current affiliation and position | | | | | | | | |
|  | | | | | | | | |
| 6. Higher Education (undergraduate and above; starting from the latest one) | | | | | | | | |
| From - To | Name of University/Institution | | Location | | Degree/Position  (Field of research) | | | Completion Date (Month, Year) |
|  |  | |  | |  | | |  |
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| 7. Major employment records (start from the latest one) | | | | | | | | |
| From - To | Name of Institution | | | Location | | | Position | |
|  |  | | |  | | |  | |
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| 8. Field of Research (Keywords) | | | | | | | | |
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| 9. Research Experience and Achievements (in approx. 200 words)  (Reverse chronological outline of your laboratory and field research experience, starting with your most recent activities.) |
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| 10. Major Publications (List 5): Authors (all), Year, Title, Journal, Vol. , No , pp - |
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| 11. Summary of your research plan at KOPRI, in approx. 200 words including:  a. Project Title  b. Present Research Related to Research Plan  c. Purpose of Proposed Research  d. Proposed Plan  e. Expected Results and Impacts  (Detailed research plan should be submitted in a separate document.) |
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| 12. (mandatory) KOPRI scientist(s) whom you contacted or has agreed to work together on this proposal |
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| --- | --- | --- | --- |
| 13-1. Proposed period of your stay for the Fellowship | | | |
| From: DD / MM / YYYY  To: DD / MM / YYYY | | | |
| 13-2. Past Stay(s) in Korea or on Korean platforms if applicable: | | | |
| Place | Year | | Purpose of stay |
|  |  | |  |
| 14. Mailing Addresses | | | |
| 1) Office: | | 2) Home: | |
| Tel: Fax: | | Tel: Fax: | |
| e-mail: | | e-mail: | |
| 15. Covid-19 Vaccination information | | | |
| No. of doses you received :  Name of vaccine you received : | | Date of your last vaccination : | |

I certify the above information to be accurate and correct.

Date:

Name (Print):

Signature:

*\* Please sign this form and submit it together with the supporting documents to fellowship@kopri.re.kr*