

Name : Park JEE HYUN

Reg No. : T1534754K

Home University

Student Category*	Exchange
Home University Country*	South Korea
Home University*	Sungkyunkwan University of Korea
Qualification to obtain at Home University*	Bachelor
Enrolment period in Home University*	From 03-2011 to 02-2018
Home Faculty/School*	electrical and electronic engineering
Major of Studies at Home University*	electrical and electronic engineering
Equivalent NTU Programme	ELECTRICAL & ELECTRONIC ENGINEERING

Personal Information

Personal Particulars

Title*	Mr
Full Name*	Park JEE HYUN
Last / Family Name*	PARK
Given 1st Name*	JEE HYUN
Middle Name*	
Gender*	Male
Date of Birth(DD-MON-YYYY)*	19-SEP-1990
Country of Birth*	South Korea
Citizenship*	Korean, South
Are you a Permanent Residence of Singapore?*	No
Race*	Korean
Marital Status*	S
Passport No./ Identity Card No.*	M85661408

Address

Permanent Home Address*	
Street*	Pan-gyo-yeok street 109 B 109
City*	Sungnam-city Bundang-gu
State/Province*	Gyeonggi-do
Postal Code*	13531
Country*	South Korea

Mailing Address*	
Street*	Pan-gyo-yeok street 109 B 109
City*	Sungnam-city Bundang-gu
State/Province*	Gyeonggi-do
Postal Code*	13531
Country*	South Korea

Contact Information

Home Telephone Number* 820424829722
Mobile Telephone Number* 821048801459
Fax Number*
E-mail Address* jhyun19@gmail.com

Academic Qualification Completed education

Name of Institution	From(YYYY)	To(YYYY)	Qualification Obtained
SungKyunKwan University	2011	2017	Degree

Mode, area and duration of study

Course Work

ACAD Year* : 2016 Semester* : 1

Priority.	Course Code	Course Description	Require for graduation
1.	EE2008	DATA STRUCTURES & ALGORIT	Yes
2.	EE3002	MICROPROCESSORS	Yes
3.	CE3005	COMPUTER NETWORKS	Yes
4.	CZ3007	COMPILER TECHNIQUES	Yes
5.	EE4483	ART INTELL & DATA MINING	Yes
6.	EE4152	DIGITAL COMMUNICATIONS	Yes
7.	EE3014	DIGITAL SIGNAL PROCESSING	Yes
8.	CE4051	EMBEDDED SYSTEMS DESIGN	Yes
9.	CSC301	PROGRAMMING LANGUAGES	Yes
10.	CZ2002	OBJECT ORIENTED DES & PROG	Yes

Research

Research Dates(DD-MM-YYYY)* from 09-JAN-2017 to 30-JUN-2017
Research Title* Energy Management System
Name of School/College* Electrical & Electronic Engineering
NTU Supervisor* Gooi Hoay Beng

Source of Finance

Source Of Finance* Parents

Full Name of Awarding Organisation*

Duration (MM-YYYY)* from to

Amount of Award*

Details of Employment

Year	Full or part-time	State occupation and description of experience	Employer and place of employment
1	Full-time	visiting researcher	Korea Electronics Technology Institute

Additional Information

Exchange/Non-graduating student

Have you ever been an overseas exchange/non-graduating student of the National University of Singapore/Nanyang Technological University/Singapore Management University? *

No

If yes, state year(s) of attendance and course(s) taken

Have you entered Singapore using another passport previously?*

No

If yes, please state passport number

Health Declaration

Do you have any physical illness, or currently undergoing any medical treatment/been treated/been diagnosed of any illness which may affect your studies? *

No

If yes, please state nature of illness

Have you ever been hospitalized? *

No

If yes, please give details

Period of Hospitalization: From (DD-MM-YYYY) to -- (DD-MM-YYYY)

Reason for Hospitalization:

--

Are you currently taking any medication (including OTC and inhalers)? *

No

If yes, please list the medication(s)

Do you have any chronic (long-lasting or persistent) medical condition that requires treatment or medication? *

No

If yes, please have your physician prepare a summary of your treatment that includes the following:

- Condition being treated
- Type of Medicine
- Physician's address and phone number

The summary must be produced upon request. Please note that it is IMPORTANT to make known your medical conditions (if any).

Criminal offence

Have you been convicted of any criminal offence by a Court of Law in any country? *

No

If yes, provide particulars of offence

Emergency Contact
Personal Particulars

Title* Mr
Full Name* PARK CHANG MIN
Last Name/Surname* PARK
Given 1st Name* CHANG MIN
Middle Name*
Relationship* Father

Address

Mailing Address*
Street* Pangyoyeok 109 B 109
City* Sungnam city Bundang-gu
State/Province* Gyeonggi-do
Postal Code* 13531
Country* South Korea

Contact Information

Home Telephone Number* 82424829722
Mobile Telephone Number* 821099704852
Office Telephone Number*
Fax Number*
E-mail Address* cmpark@etri.re.kr

Attachment Photo/Transcripts

Submitted Photo [View Photo](#)
Submitted Transcripts [Windows 8.1 printed document.compressed.pdf](#)
Submitted Degree
Submitted Passport [pssprt_1.jpg](#)
Submitted CV [ParkJeeHyun_CV.docx](#)
Submitted Document