Application for Readmission

(재 입 학 원)

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| Name | | | (Korean)    (English) | | | | | Resident Registration No. | | | |  | | | | Photo |
| Address | | | (ZIP code: Tel.: )  Email: Cell Phone: | | | | | | | | | | | | |
| School Records While in School | | | Degree Program | | BS/MS/PhD | | | Dept./  Division | |  | | Student ID No. | |  | |
| Date of Admission | |  | | | Student Classification | |  | | Affiliation  (General Scholorship Student) | | |  |
| Date of Withdrawal․Expulsion | | | |  | | | | Advisor | |  | | | |
| Reason for Withdrawal․Expulsion | | | |  | | | | | | | | | |
| 。 Reason(s) for Readmission: | | | | | | | | | | | | | | | | |
| I hereby request permission for readmission under KAIST School Regulations Article 55.  Date: (MM/DD/YY)    Applicant: (Signature)  (Student)  · Guarantor: (Signature) | | | | | | | | | | | | | | | | |
|  | Recommender | | | | | | | |  | | | | | | | |
| Advisor  (Name) | | | Department Chairperson | | | | |
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|  |  |  | | | |  | | | **To the President of KAIST** | | | | | | | |

■ Future Study Plan

。 Credit Hours Completed & Thesis/Dissertation While in School

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| Credit Hours Completed |  | Credit Hours Needed for Graduation |  |
| Thesis/Dissertation Plan Comprehensive Exams: Pass ( ) Fail ( )  (MS/PhD Program) Thesis/Dissertation: Pass ( ) Fail ( )  Submission & Acceptance of thesis/dissertation: Submission ( ) Publication ( ) | | | |

。 Schedule & Plan for Completing Coursework and Writing Thesis/Dissertation

Date: (MM/DD/YY)

Applicant: (Signature)

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| Opinion of Advisor on Readmission  (재입학 의견서) |

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| 。 Opinion of (Future) Advisor |
| Date: (MM/DD/YY)  (Future) Advisor: (Signature) |

※ When writing the written opinion, please write your opinion on the student's potential for completing

the required coursework after his/her readmission.

**※ Please put the form in a sealed envelope or submit it directly to the department office, and be sure to write down the date of completing the form.**

Recommendation for Readmission

(재입학 심의 추천서)

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| 1. Applicant for Readmission  Dept./Division: Program: BS/MS/PhD  Student ID No.: Name:  Date of Withdrawal․Expulsion:  Reason(s) for Withdrawal․Expulsion: |
| 2. Result of Deliberation  Date: (MM/DD/YY)  Committee: (Signature)  Committee: (Signature)  Committee: (Signature) |

**※ Please be sure to write down the date of completing the form.**