**Declaration of Transfer of Affiliation**

(소속기관 변경원)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name | |  | Degree | | MS/PhD | Dept.(Major) | |  | |
| Student ID No. | |  | Emergency  Contact Information | | ZIP code: Tel:  Address: | | | | |
| Date of Admission  (MM/DD/YY) | |  | Student  Classification | ( ) Government Scholarship  ( ) KAIST Scholarship  ( ) General Scholarship | | | Names of Affiliation | | Before Transfer:  After Transfer: |
| Reason(s) for Transfer |  | | | | | | | | |

I hereby declare a transfer from the institute I have worked for to the different institute listed above.

Date(MM/DD/YY):

|  |  |  |  |
| --- | --- | --- | --- |
| Advisor | | Department Head | Applicant Name: Signature: |
| Name |  |  | Guarantor Name\*: Signature: |
| Signature |  |  |  |

**To the President of KAIST**

\*The guarantor should work for the institute to which the applicant will transfer.

**Approval of Transfer**

(전출 동의서)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  | Degree | MS/PhD | Dept. (Major) |  |
| Student ID No. |  | Student Classification | ( ) Government Scholarship  ( ) KAIST Scholarship  ( ) General Scholarship | | |
| Date of Birth  (MM/DD/YY) |  | Date of Birth |  | | |
| Date of Admission  (MM/DD/YY) |  | Name of Affiliation to Transfer from |  | | |
| I hereby approve the transfer of the person above to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Date(MM/DD/YY):  Address:  Name of Affiliation:  Representative Name: Signature:  **To the President of KAIST** | | | | | |

**Agreement**

(서약서)

I agree that while attending KAIST I will observe school regulations and rules, and I will not damage the image of KAIST through any behavior contrary to my status as a student both on-campus and off-campus.

Date(MM/DD/YY):

**Student:**

Current Address:

ZIP code: Phone No:(Country code: /Area code: )

Name: Signature:

Date of Birth:

**To the President of KAIST**

**Recommendation for Admission**

(수학 추천서)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. Recommending Affiliation** | | | | | | |
| Name of  Affiliation |  | | | Representative |  | |
| Total Capital |  | | | | | |
| Location | ZIP code: Phone No:  Address: | | | | | |
| Purpose for Establishing the Affiliation | |  | | | | |
|  | | | | | | |
|  | | | | | | |
| **2. Recommended Applicant (Student)** | | | | | | |
| Name |  | | Date of Birth | |  | |
| Date of Starting Work (MM/DD/YY) |  | | Position | |  | |
| Job Description |  | | Intended Major | | Intended Degree | Length of Time Needed to Complete Coursework |
|  | |  |  |
| Our company institution/institute/school recommends the student above to enter (study at) KAIST as a General Scholarship student.  Date(MM/DD/YY):  Name of Affiliation:  Address:  (ZIP code: Relevant Department's Tel: )  Representative Name: Signature:  **To the President of KAIST** | | | | | | |