**Request for Temporary Academic Leave of Absence**

(Master's and Doctoral Students) (석/박사 과정 휴학원)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name |  | Student ID No. | |  | Dept.(Major) | |  | |
| Nationality |  | | Visa Type  (Non-Koreans Only) | | |  | | |
| Address |  | | | | | ZIP code | |  |
| Phone No. | **Home { - - } / Mobile Phone No.{ - - }** | | | | | | | |
| Period of Absence | From ( / / ) - To ( / / ) (for \_\_\_\_\_ semesters) | | | | | | | |
| Reason for Absence | □ **General:** Enlistment preparation ( ), Health reasons ( ), Language training ( ), Business ( ), Other ( )  □ **Military:** Active duty ( ), Special assignment ( ), Professional research enlistment ( ), Public service ( ), Fire fighter ( )  □ **Medical** (Attach diagnosis) □ **Startup** (Attach Corporate register) □ **Childbirth/Childcare** (Attach Birth certificate/ certificate of family relationship) **■ Describe in detail:** ( ) | | | | | | | |

**I hereby request permission for a temporary academic leave of absence as specified above.**

Date(MM/DD/YY):

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

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| **Confirmation of Relevant**  **Administrative Departments** |

**To the President of KAIST**

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| --- | --- |
| Previous Leaves  of Absence  (Yes/No) | From ( / / ) - To ( / / ) (for \_\_\_\_\_ semesters) |
| From ( / / ) - To ( / / ) (for \_\_\_\_\_ semesters) |
| From ( / / ) - To ( / / ) (for \_\_\_\_\_ semesters) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Classification | Requirements | | Relevant Department | | Staff member's name  (indicate date) | |
| All students | Book return | | Knowledge Service Management Team  (ACC(Library) 1F IIS Center) | |  | |
| Student ID | | Safety & Security Team | | Once leave of absence has been authorized, you will have limited access to buildings. Upon your return, you will regain access. | |
| Military reserve/Civil defense  (Korean male students) | | Reserve Forces Association  (Educational Support Bldg, 2F) | |  | |
| Medical treatment fees | | KAIST Clinic(Medical Center 1F) | |  | |
| Medical expenses | | Scholarship & Welfare Team  (Creative Learning Bldg, 2F) | |  | |
| Tuition fees | | Academic Registrar’s Team  (Creative Learning Bldg, 1F) | |  | |
| Dormitory | | Student Life Team  (Creative Learning Bldg, 1F) | |  | |
| Government (KAIST) Scholarship students | School expenses (Master‘s students) | | Scholarship & Welfare Team  (Creative Learning Bldg, 2F) | |  | |
| TA stipend (Ph.D students)  \* Korean female students’ childbirth/childcare leave : Master/Ph.D students | |  | |
| Doctoral students | Related military services  (Korean male students) | | Operations Team of the Institute for Security Convergence (N5, 2144) | |  | |
| **Department Official** | Name |  | Signature |  | Date |  |

1. After completing personal information, the applicant should sign and receive signature from guarantor. (For Government and KAIST Scholarship students, the guarantor is the student’s legal guardian. For General Scholarship students, the guarantor is the student’s affiliating organization.)

2. After receiving permission from advisor and department head, submit this notice to the department office.

3. The department/division office should complete the table and confirm with the relevant departments by phone or fax. (For the return of borrowed items, the applicant him/herself should directly confirm with the relevant department). Upon completion, the form should be submitted to the Academic Registrar’s Team.

4. Any change in an international student’s visa status must be reported to the immigration center. Students must fill out the blank for nationality/visa type. (If the student has not reported his/her nationality to the Academic Registrar’s Team, submit a copy of students’ Alien Registration Card and Passport with this form).