**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.(Major) | |  | | Student ID No. | |  | |
| Date of Admission | | MM/DD/YY | | | | Student Classification | |  | | Affiliation  (General Scholarship Student only) | | |  |
| Date of Withdrawal/Expulsion | | | | |  | | | | Advisor | |  | | | |
| Reason(s) for Withdrawal/Expulsion | | | | |  | | | | | | | | | |
| ◦ Reason(s) for Readmission: | | | | | | | | | | | | | | | | | |
| I hereby request permission for readmission under KAIST School Regulations Article 55.  Date (MM/DD/YY):  Applicant (Student) Name: Signature:  Guarantor\* Name: Signature: | | | | | | | | | | | | | | | | | |
|  | Recommender | | | | | | | | |  | | | | | | | |
| (Future) Advisor | | | | | Department Head | | | |
| Name | | |  | |  | | | |
|  |  | | | | | | | |
| Signature | | |  | |  | | | |
|  |  |  | | | | |  | | | **To the President of KAIST** | | | | | | | |

※ For undergraduate students, the guarantor should be the student's legal guardian.

Graduate students whose student classification is General Scholarship should obtain an official stamp from their affiliated institute for the guarantor section. For graduate students whose student classification is Government or KAIST Scholarship, the guarantor should be the student’s legal guardian.

**■ Future Study Plan**

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| ◦ Credit Hours Completed & Thesis/Dissertation while in School   |  |  |  |  | | --- | --- | --- | --- | | 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 Name: 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.(Major): Program: BS/MS/PhD  Student ID No.: Student Name:  Date of Withdrawal/Expulsion:  Reason(s) for Withdrawal/Expulsion: |
| **2. Result of Deliberation**  Date(MM/DD/YY):  Committee Member Name: Signature:  Committee Member Name: Signature:  Committee Member Name: Signature: |

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