**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.**