**Application for Department Transfer**

(전과지원서)

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| Degree | BS/MS/PhD | Dept.(Major) |  | Student ID No. | |  |
| Student Classification  (Graduate Student Only) |  | Student Name |  | Date of Admission  (MM/DD/YY) | |  |
| Dept. Transferring to |  | | Affiliation  (General Scholarship  Student only) | |  | |
| Credit Hours Completed | Total Credits: GPA: | | | | | |
| Reason(s) for Department Transfer  (If necessary, use  a separate sheet of paper.) |  | | | | | |

I hereby request permission for transfer of department.

Date(MM/DD/YY):

Applicant (Student) Name: Signature:

\*Guarantor Name: Signature:

**【Approval of Advisor and Department Head/Division Chief】**

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| --- | --- |
| **Dept. (Major) Transferring from** | **Dept. (Major) Transferring to** |
| (Opinion)  Advisor: Signature:  Department Head: Signature: | (Opinion)  Advisor: Signature:  Department Head: Signature: |

\* Occasionally, if the applicant and current department head(or dean of college if the department head is the applicant’s current advisor) agree, the advisor’s approval is not required.

\* After completing the personal information section, the applicant should sign and obtain a signature from a \*guarantor. (For undergraduates, Government and KAIST Scholarship students, the guarantor is the student’s legal guardian. For General Scholarship students, the guarantor is the student’s affiliated organization.)

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| **Article 6** (Restriction of Change of Major) ① Students may change their major if they are able to fulfill coursework requirements of the new department within the maximum allowed years of study.  ② Students may change their major if they are able to fulfill coursework requirements after at least one semester of enrollment in the new department for undergraduates, two semesters (one year) for master's, and four semesters (two years) for doctoral students.  ③ Any request for change of major by master's and doctoral students on national scholarships shall be permitted within 10% of the number of national scholarship students in the department before such change․  **I hereby confirm that the above guidelines are met**  Department Coordinator (Signature) |

**To the President of KAIST**