Application for Readmission

(재 입 학 원)

Name	Korean: English:		Alien Reg	gistration No.					
Address		[ZIP code: Email:	Tel: Cell Pi	none				Photo
	Degree	BS/MS/PhD	Dept.(Major)		S	Studer No			
School Records	Date of Admission (MM/DD/YY)		Student Classification			(Genera	filiation al Scholarship dent only)		
While in School	Date of Withdrawal/Ex			A	dvisor	r			
	Reason(s) : Withdrawal/Ex								
Reason(s) for I	Readmission:								
	hereby reau	est permission	n for readmi	ission under	KA	IST 9	School R	egulations Ar	ticle 55.
	1	r		[/DD/YY):				0	
			Applican	Applicant (Student) Name:					
			Guaranto	Guarantor* Name:					
								Signature:	
Recommender									
Advisor Department H		ead							
Nam	е								
Signati	ıre								
				To	th	e]	Pres	ident o	f 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

。 Credit Hours Compl	leted & Thesis/Dia	scertation v	while in So	hool		
o Credit Hours Compi		sscration v	viiiic iii 30	11001		_
Credit Hours Completed		Credit Hours No Graduation	eeded for			
Thesis/Dissertation Plan (MS/PhD Program)	Comprehensive Exams: Thesis/Dissertation: Submiss	Pass () Pass () ion & Acceptance	Fail (Fail (ce of thesis/diss)) ertation: Submission () Publication ()
Schedule & Plan for Con	npleting Coursework	and Writing	Thesis/Disse	ertation		
]	Date(MM/D	D/YY):		
		1	Applicant Na	ame:	Signature:	
			11		5	

Opinion of Advisor on Readmission

(재입학 의견서)

o	Opinion of (Future) Advisor	1
	Date(MM/DD/YY):	
	(Future) Advisor: Signature:	

- * Please write your opinion on the student's potential for completing the required coursework after his/her read-mission.
- ***** Please put the form in a sealed envelope, and be sure to write down the date upon completion of the form.

Recommendation for Readmission

(재입학 심의 추천서)

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 write down the date upon completion of the form.