

Application for Readmission

(재 입 학 원)

Name	Korean: English:	Alien Registration No.					Photo
Address	ZIP code:		Tel:				
	Email:		Cell Phone				
School Records While in School	Degree	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		
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

o **Credit Hours Completed & Thesis/Dissertation while in School**

Credit Hours Completed		Credit Hours Needed for Graduation	
Thesis/Dissertation Plan (MS/PhD Program)	Comprehensive Exams: Pass () Fail ()	Thesis/Dissertation: Pass () Fail ()	Submission & Acceptance of thesis/dissertation: Submission () Publication ()

o **Schedule & Plan for Completing Coursework and Writing Thesis/Dissertation**

Date(MM/DD/YY):

Applicant Name:

Signature:

Opinion of Advisor on Readmission

(재입학 의견서)

◦ **Opinion of (Future) Advisor**

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.