

재입학 심의 추천서

1. 대상자

학과/전공 : 과정 : 학번 : 성명 :

자퇴 · 제적일 :

자퇴 · 제적사유 :

2. 심의결과

년 월 일

심의위원 : (인)

심의위원 : (인)

심의위원 : (인)

Application for Readmission

(재 입 학 원)

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./ Division	Student ID No.								
	Date of Admission		Student Classification		Affiliation (General Scholarship Student)							
	Date of Withdrawal · Expulsion			Advisor								
	Reason for Withdrawal · Expulsion											
Reason(s) for Readmission: 												
I hereby request permission for readmission under KAIST School Regulations Article 55. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: right;">Date:</div> <div style="text-align: left;">(MM/DD/YY)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: right;">Applicant: (Student)</div> <div style="text-align: left;">(Signature)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: right;">Guarantor:</div> <div style="text-align: left;">(Signature)</div> </div> <div style="margin-top: 30px;"> <table border="1" style="width: 200px; margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Recommender</th> </tr> <tr> <th style="width: 50%;">Advisor (Name)</th> <th style="width: 50%;">Department Chairperson</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"></td> <td></td> </tr> </tbody> </table> </div>							Recommender		Advisor (Name)	Department Chairperson		
Recommender												
Advisor (Name)	Department Chairperson											
To the President of KAIST												

■ Future Study Plan

◦ 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 ()

◦ Schedule & Plan for Completing Coursework and Writing Thesis/Dissertation

Date: (MM/DD/YY)
 Applicant: (Signature)

Opinion of Advisor on Readmission

(재입학 의견서)

○ 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)

1. Applicant for Readmission

Dept./Division:

Program: BS/MS/PhD

Student ID No.:

Name:

Date of Withdrawal · Expulsion:

Reason(s) for Withdrawal · Expulsion:

2. Result of Deliberation

Date: (MM/DD/YY)

Committee: (Signature)

Committee: (Signature)

Committee: (Signature)

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