**Application for Cross-Registration**

**학점교환제 수강신청서**

(\_\_\_\_\_\_\_\_\_\_\_\_Year, \_\_\_\_\_\_\_\_\_\_\_ Semester)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of University Offering Courses |  | | | | |
| Cross Registrant Information | KAIST | | College: Dept.(Major): | | |
| (BS/MS/PhD) Program | Date of Admission  (MM/DD/YY) |  |
| Student ID No. |  | | Gender | M/F |
| Student Name |  | | Phone No. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intended Course(s)** | | | | | |
| Course Classification | Course Title | Section No. | Course Title | Credits | Course Professor |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total | | | Courses | Credits |  |

**I hereby request permission to take the above courses.**

Date(MM/DD/YY):

Applicant Name: Signature:

|  |  |  |
| --- | --- | --- |
| Confirmed by | | |
| Advisor | | Department Head |
| Name |  |  |
| Signature |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Approved by | | | |
| Person  in Charge | Team Leader | Dean | President |
|  |  |  |  |