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| Advisor  (Name) | Department Head |  | Approved by | Person in Charge | Team Leader |
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| **Application for Full-Time Student Status**  **(전일제 수업 신청서)**  Student Name: Student ID No:  Dept.(Major): Degree: MS/PhD  Student Classification: Affiliation:  Period:  I, having entered KAIST on \_\_\_\_\_\_\_\_ (MM/DD/YY) and currently being enrolled,  hereby submit an application for full-time student status.  Date(MM/DD/YY):  Applicant Name: Signature:  Affiliation: Address:  Name of Affiliation:  Representative Name: Signature:  **To the President of KAIST** | | | | | |