**Declaration of Transfer of Affiliation**

(소속기관 변경원)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  | Degree | MS/PhD | Dept.(Major) |  |
| Student ID No. |  | Emergency Contact Information | ZIP code: Tel:Address: |
| Date of Admission(MM/DD/YY) |  | Student Classification  | ( ) Government Scholarship( ) KAIST Scholarship( ) General Scholarship | Names of Affiliation | Before Transfer: After Transfer:  |
| Reason(s) for Transfer |  |

I hereby declare a transfer from the institute I have worked for to the different institute listed above.

 Date(MM/DD/YY):

|  |  |  |
| --- | --- | --- |
| Advisor | Department Head | Applicant Name: Signature: |
| Name |  |  | Guarantor Name\*: Signature: |
| Signature |  |  |  |

**To the President of KAIST**

\*The guarantor should work for the institute to which the applicant will transfer.

**Approval of Transfer**

(전출 동의서)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  | Degree | MS/PhD | Dept. (Major) |  |
| Student ID No. |  | Student Classification | ( ) Government Scholarship( ) KAIST Scholarship( ) General Scholarship |
| Date of Birth(MM/DD/YY) |  | Date of Birth |  |
| Date of Admission(MM/DD/YY) |  | Name of Affiliation to Transfer from |  |
| I hereby approve the transfer of the person above to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Date(MM/DD/YY):Address:Name of Affiliation: Representative Name: Signature:**To the President of KAIST** |

**Agreement**

(서약서)

I agree that while attending KAIST I will observe school regulations and rules, and I will not damage the image of KAIST through any behavior contrary to my status as a student both on-campus and off-campus.

Date(MM/DD/YY):

**Student:**

Current Address:

ZIP code: Phone No:(Country code: /Area code: )

Name: Signature:

Date of Birth:

**To the President of KAIST**

**Recommendation for Admission**

(수학 추천서)

|  |
| --- |
| **1. Recommending Affiliation** |
| Name of Affiliation |  | Representative |  |
| Total Capital |  |
| Location | ZIP code: Phone No: Address: |
| Purpose for Establishing the Affiliation |  |
|  |
|  |
| **2. Recommended Applicant (Student)** |
| Name |  | Date of Birth |  |
| Date of Starting Work (MM/DD/YY) |  | Position |  |
| Job Description |  | Intended Major | Intended Degree  | Length of Time Needed to Complete Coursework |
|  |  |  |
| Our company institution/institute/school recommends the student above to enter (study at) KAIST as a General Scholarship student.Date(MM/DD/YY):Name of Affiliation:Address:(ZIP code: Relevant Department's Tel: )Representative Name: Signature: **To the President of KAIST**  |