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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Auditing Courses**  (청강 원서) | | | | | | | | | | | | | | |
| Name | |  | | | | | Chinese  (if any) | | |  | | | | |
| Date of Birth | |  | | | | | Alien Registration No. | | |  | | | | |
| Phone No. | | Home | |  | | | Mobile Phone No. | | |  | | | | |
| Address | |  | | | | | | | | | | | | |
| **Description of Enrollment & Graduation** | | | | | | | | | | | | | | |
| University Currently Enrolled in and/or Graduated from | |  | | | | | Dept.(Major) | | |  | | | | |
| Date of Admission  (DD/MM/YY) | |  | | | | | Graduation Date | | |  | | | | |
| Remarks | |  | | | | | | | | | | | | |
| **Institution (only for relevant applicants)** | | | | | | | | | | | | | | |
| Name of Institution | |  | | | | | Department | | |  | | | | |
| Position | |  | | | | | Job Description | | |  | | | | |
| **Course(s) to Audit** | | | | | | | | | | | | | | |
| Dept.(Major) | Course Classification | Course Number | Course Title | | | | | | Lecture:  Lab:  Credits | | Course Professor | | | Signature |
|  |  |  |  | | | | | |  | |  | | |  |
|  |  |  |  | | | | | |  | |  | | |  |
|  |  |  |  | | | | | |  | |  | | |  |
| I hereby apply to audit the above course(s) at KAIST.  Date(MM/DD/YY):  Applicant Name: Signature: | | | | | | | | | | | | | | |
|  | | | | | Approved by | Person in Charge | | Team Leader | | | | Dean | President | |
|  | | | | |  | |  | | | |  |  | |
| **To the President of KAIST** | | | | |

**Recommendation for Auditor**

(청강생 추천서)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Recommending Institution** | | | | | | | | | | | |
| Name of Institution | | |  | | | Address | |  | | | |
| Representative | | |  | | | Phone No. | |  | | | |
| **Reason(s) for Recommendation** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Recommendee** | | | | | | | | | | | |
| Name | |  | | | | | Date of Employment | | (MM/DD/YY) | | |
| Current Position | |  | | | | | Job Description | |  | | |
| **Course(s) to Audit** | | | | | | | | | | | |
| Dept.(Major) | Course Classification | | | Course Number | Course Title | | | | | Lecture:  Lab:  Credits | Course Professor |
|  |  | | |  |  | | | | |  |  |
|  |  | | |  |  | | | | |  |  |
|  |  | | |  |  | | | | |  |  |
| I recommend the above person as an auditor at KAIST for \_\_\_\_\_\_ semester \_\_\_\_\_\_ (YYYY).    Date(MM/DD/YY):  Address of Institution:  Name of Institution:  Representative Name: Signature:  **To the President of KAIST** | | | | | | | | | | | |

※ KAIST staff members must obtain recommendations from the directors of their current offices.