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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)

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| **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.