**Application for Changing Student Classification**

(학생구분 변경원)

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| --- | --- | --- | --- | --- | --- |
| Student Name |  | Degree | MS/PhD | Dept. (Major) |  |
| Student ID No. |  | Emergency Contact Info | ZIP code: Tel:  Address: | | |
| Admission Date |  | Student Classification | Before change: After change: | | |
| Reason(s) for Change |  | | | | |

I hereby request permission to change my student classification as above under KAIST School Regulations Article 51.

Date:(MM/DD/YY):

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

**To the President of KAIST**

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| **Confirmation of the Relevant Administrative Departments** |

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| --- | --- | --- | --- | --- |
| Student Classification | | Requirements | Department | Staff member's name  (indicate date) |
| General Information | MS or PhD Government/ KAIST Scholarship students | Medical expenses | Scholarship & Welfare Team (Creative Learning Bldg, 2F) |  |
| Benefit Repayment (repayment of student grants) | Academic Registrar’s Team  (Creative Learning Bldg, 1F) |  |
| Additional Items | Students living in dormitory | Return of dormitory supplies and key(s) | Student Life Team  (Creative Learning Bldg, 1F) |  |
| MS Students |
| MS scholarship  (if applicable) | Scholarship & Welfare Team (Creative Learning Bldg, 2F) |  |
| Stipend (Foreign BS KAIST Scholarship students) | Student Affairs Team (Creative Learning Bldg, 2F) |  |
| PhD Students | Related Military Service (Korean students only) | Student Affairs Team  (Creative Learning Bldg, 2F) |  |
| TA Stipend (Government Scholarship student) | Scholarship & Welfare Team (Creative Learning Bldg, 2F) |
| **Department Official** | | Dept.(Major): Name: Signature: | | |

※ The application for changing student classification should be submitted by the applicant to Registrar’s team (Creative Learning building, 1F) after being approved by his/her advisor, department head and relevant administrative departments.

※ For a General Scholarship student, the student's affiliation should be the guarantor, and for the Government and KAIST Scholarship students, the guarantor should be the student's legal guardian.

**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 Form**

수 학 추 천 서

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Recommending Affiliation** | | | | | | | |
| Name of  Affiliation | |  | | | Representative |  | |
| Total Capital | |  | | | | | |
| Location | | ZIP code: Tel:  Address: | | | | | |
| Purpose for Establishing the Affiliation | | |  | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **2. Recommended Applicant (Student)** | | | | | | | |
| Name |  | | | Date of Birth | |  | |
| Work Start Date |  | | | Position | |  | |
| Job Description |  | | | Intended Major | | Intended Degree | Length of Time Needed to Complete Coursework |
|  | |  |  |
| Our company/institution/institute/school recommends the above student 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: Signature:  **To the President of KAIST** | | | | | | | |

※ Attach documents that show proof of employment.

Approval of Transfer

(전출 동의서)

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| --- | --- | --- | --- | --- | --- |
| 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 Admission | (MM/DD/YY) | Name of Affiliation to Transfer from |  | | |
| I approve the transfer of the above person to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Date(MM/DD/YY):  Address:  Name of Affiliation:  Representative: Signature:  **To the President of KAIST** | | | | | |

Written Promise to Bear Education Expenses

Date: MM DD, YYYY

I promise that if I am assigned a KAIST scholarship student, I will bear the education expenses necessary for that student to study at KAIST as prescribed by KAIST.

The Said Person (Advisor) Signature

Confirmer: Department Head (Division Chief) Signature

To the President of KAIST