**Application for Cross-Registration**

**학점교환제 수강신청서**

(\_\_\_\_\_\_\_\_\_\_\_\_Year, \_\_\_\_\_\_\_\_\_\_\_ Semester)

|  |  |
| --- | --- |
| Name of University Offering Courses |  |
| Cross Registrant Information | KAIST | College: Dept.(Major): |
| (BS/MS/PhD) Program | Date of Admission(MM/DD/YY) |  |
| Student ID No. |  | Gender | M/F |
| Student Name |  | Phone No. |  |

|  |
| --- |
| **Intended Course(s)** |
| Course Classification | Course Title | Section No.  | Course Title | Credits | Course Professor |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total | Courses | Credits |  |

**I hereby request permission to take the above courses.**

Date(MM/DD/YY):

Applicant Name: Signature:

|  |
| --- |
| Confirmed by |
| Advisor | Department Head |
| Name |  |  |
| Signature |  |  |

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| Approved by |
| Person in Charge | Team Leader | Dean | President |
|  |  |  |  |