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| Advisor(Name) | Department Head |  | Approved by | Person in Charge | Team Leader |
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| **Application for Full-Time Student Status** **(전일제 수업 신청서)**Student Name: Student ID No:Dept.(Major): Degree: MS/PhDStudent Classification: Affiliation:Period:I, having entered KAIST on \_\_\_\_\_\_\_\_ (MM/DD/YY) and currently being enrolled, hereby submit an application for full-time student status.Date(MM/DD/YY):Applicant Name: Signature:Affiliation: Address:Name of Affiliation:Representative Name: Signature:**To the President of KAIST** |