**Cross-Registered Course Add/Drop Form**

**학점교환제 수강신청 변경(취소) 신청서**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course(s) to Add** | | | | |
| Course Classification | Course No. | Course Title | Credits | Course Professor |
|  |  |  |  | Signature: |
|  |  |  |  | Signature: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course(s) to Drop** | | | | |
| Course Classification | Course No. | Course Title | Credits | Course Professor |
|  |  |  |  | Signature: |
|  |  |  |  | Signature: |

**I hereby request permission to add/drop the above course(s).**

Date(MM/DD/YY):

Applicant Name: Signature:

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

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