**Application for Readmission(재입학원)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | (Korean)   (English) | | | | | Birth Date | | |  | | | Photo |
| Address | | | Address :  ZIP code :　　　　　　　　Tel.:  Cell-phone: | | | | | | | | | | |
| Previous  School Records | | | Study Program | | BS/MS/PhD | | | School |  | | Student ID | |  |
| Date of Admission | |  | | | | | | | | |
| Date of Withdrawal․Expulsion | | | |  | | | Advisor | |  | | |
| Reason for Withdrawal․Expulsion | | | |  | | | | | | | |
| Reason(s) for Readmission :    \* Please, write in detail. | | | | | | | | | | | | | | |
| This request is submitted for permission of readmission under UNIST School Regulations Article 21.  Date: 　　　      　　　(MM/DD/YY)  Applicant: 　　 　      　　　　(Signature)     Guardian: 　　   　    　　　　(Signature) | | | | | | | | | | | | | | |
|  | Recommender | | | | | | |  | | | | | | |
| Advisor  (Name) | | | School Head | | | |
|  | | |  | | | |
|  |  | | | | | | |
|  |  |  | | | |  | | **To the President of UNIST** | | | | | | |

      ※ A guardian is required to obtain parent's signature.

**■ Study Plan(향후 면학계획서)**

  Credits earned & Thesis/Dissertation While in School

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| --- | --- | --- | --- |
| Credits earned |  | Credit Hours Needed for Graduation |  |
| Thesis/Dissertation Plan Comprehensive Exams: Pass (　　　　 ) Fail (　　　　 )  (MS/PhD Program) Exam on Thesis/Dissertation: Pass (　　　　 ) Fail ( 　　　　)  Submission & Acceptance of articles: Submission (　　　　 ) Publication ( 　　　　)  \* You don't need to check this if you are B/S | | | |

    Schedule & Study Plan for Completing Coursework and Graduation

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| (Please, write in detail.)                                                                        DATE :             (MM/DD/YY)                                           Applicant :             (Signature) |

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| Advisor's opinion on Readmission  (재입학 의견서) |

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| --- |
| (Advisor's opinion)                              Date: 　  　　　　　(MM/DD/YY)   Advisor:  　　　　　　　(Signature) |

※ Please write your opinion on the student's potential for completing the required coursework after his/her readmission.

※ Please put the form in a sealed envelope, and be sure to write down the date of completing the form.