수 학 계 획 서

(Study Plan)

성 명(Name) :

생년월일(Date of Birth) :

국 적(Home Country) :

과 정(Program of Study) :

소속대학(Affiliated Institution) :

전 공(Major) :

학 번(Student ID) :

지도교수명(Name of Academic Advisor) :

수학 상황(State of Progress)

※ 해당란에 기재하십시오(Please fill out the appropriate columns)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 구 분(Classification) | | 부터(From) (yyyy/mm) | 까지(To) (yyyy/mm) | 비고  (Remarks) |
| 입학(Date of admission) | | . . | - |  |
| 이수 학기  (semesters completed) | / | - | . . | C.G.P.A |
| / |
| 과정수료  (Completion of coursework) | | - | . . | □ Yes □ No |
| 종합시험  (Comprehensive exam) | | - | . . | □ Pass □ Fail |

수학 계획(Study plan)

|  |
| --- |
|  |

20 . .

장학생명(Name of student):

논문작성 세부계획서

(Statement of Thesis Writing)

학생성명(Grantee’s Name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

국 적(Home Country) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

소속대학(Affiliated Institution) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

과 정(Program of Study) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

전 공(Field of Study) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

학 번(Student ID) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

논문작성 관련 사항(Details related to writing thesis)

연구일정(Timeline)

|  |  |  |  |
| --- | --- | --- | --- |
| 구 분(Classification) | 부터(년/월/일)  rom (yyyy/mm/dd) | 까지(년/월/일)  to (yyyy/mm/dd) | 현재 상태  State of Progress |
| 과정수료  (Completion of coursework) | / / | / / | □ Yes □ No |
| 종합시험  (Comprehensive exam) | / / | / / | □ Yes □ No |
| 논문주제결정(Decision on  subject of thesis) | / / | / / | □ Yes □ No |
| 자료수집, 분석, 종합  (Collection, analysis, and  synthesis of data) | / / | / / | □ ∼50% □ 50∼70%  □ 80∼90% □ 90%∼ |
| 논문작성(Writing thesis) | / / | / / | □ ∼50% □ 50∼70%  □ 80∼90% □ 90%∼ |
| 1차 심사(1st defense) | / / | / / | □ Yes □ No |
| 2차 심사(2nd defense) | / / | / / | □ Yes □ No |
| 최종심사(Final defense) | / / | / / | □ Yes □ No |
| 논문제출  (Thesis submission) |  | / / |  |

현재 진행 작업내용(Please state what you are working on now specifically.)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 논문제목  (Title of thesis) |  |
| 논문주제  (Subject of thesis) |  |
| 논문구성  (Key Structure of thesis) |  |
| 수집자료 혹은 참고문헌 목록  (List of Resources or references in the thesis) |  |

20 . . 년월일(yyyy/mm/dd)

학생명 (Name of student) 서명(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

지도교수명(Name of academic advisor)

지도교수서명(Signature of academic advisor)

지도교수 연락처(Contact Details) Tel.: E-mail.:

일시 출국 신청서

[Application for Temporary Exit]

성 명(Name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

국 적(Home Country) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

수학과정(Program of Study)

□ 한국어연수(Korean Language Training) □ 학사(Bachelor’s degree)

□ 석사(Master’s degree) □ 박사(Doctoral degree)

□ 석박사통합과정(Integrated Master’s and Doctoral degree)

목 적 지(Destination) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

출국기간(Period of Exit) : \_\_\_\_\_\_.\_\_\_\_\_\_.\_\_\_\_\_\_. ∼ \_\_\_\_\_\_.\_\_\_\_\_\_.\_\_\_\_\_\_.(년월일yyyy/mm/dd)

사 유(Reason for Temporary Exit)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

위와 같이 일시 출국하고자 허가 신청하오니 상기 기간 동안 필요한 조치를 취하여 주시기 바랍니다.〔I hereby apply for temporary exit and ask for the necessary measures to be taken for the above stated period.〕

20 . . 년월일(yyyy/mm/dd)

학생 서명(Signature of Grantee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

※ 아래 사항은 일시출국허가신청시에 한함. (Below columns are applicable for application for temporary exit only)

지도교수의견(Comments of Academic Advisor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

지도교수명(Name of academic advisor) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 서명(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

지도교수 연락처(Contact Details of Advisor) : (Tel) (E-mail) :

귀국 신고서

(Notification of Home-return)

■ 귀 국 사 유(Reason of Home‐return)

□ 학위취득 (Received a Degree) □ 과정수료 (Completion of Program)

□ 중도포기 (Cancellation of scholarship)

※ 포기사유 (Reason of cancellation):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

성명(Name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

국적(Home Country) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

생년월일(Date of Birth) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 년월일(yyyy/mm/dd)

대학 (Affiliated Institution) :

수학과정 (Program of Study)

□ 한국어연수(Korean Language Training) □ 학사(Bachelor’s degree)

□ 석사(Master’s degree) □ 박사(Doctoral degree)

□ 석박사통합과정(Integrated Master’s and Doctoral degree)

초 청 기 간(Scholarship period) : . . ∼ . . 년월일(yyyy/mm/dd)

※ 휴학(Leave of Absence, if applicable)

- 기간(Period) : ∼ [사유(Reason)] :

귀국예정일자(Expected departure date) : . . 년월일(yy/mm/dd)

귀국경로(Flight Itinerary) : 에서(from) 경유(via) 까지(to)

귀국 후 연락처(Contact Address after returning home)

|  |  |  |
| --- | --- | --- |
| 집주소 (Home Address) | Tel | E-mail address |
|  | <country code/area code/no.> |  |

|  |  |  |
| --- | --- | --- |
| □직장이 있는 경우 기재(if applicable) | | |
| 직장명(Name of Employer) | |  |
| 직 위(Position) | |  |
| 업 무(Duties) | |  |
| 연락처(Contact) | 주소(Address) |  |
| 전화번호(Tel) |  |
| 팩스(Fax) |  |

연락처(Contact) 연락처(Contact)

위와 같이 귀국하고자 하오니 필요한 조치를 하여 주시기 바랍니다. (I hereby ask for the necessary measures to be taken for my home‐return.)

20 . . 연월일(yyyy/mm/dd)

신청인 서명(Signature of applicant)

※ 붙임(Attachment) : 수학기간 중 소감 및 귀국 후 활동계획(Statement of future plan/activities after returning home) 1/2

□ 수학기간 중 소감 (Personal opinion or comments on my stay and study in Korea)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 귀국 후 활동계획 (Future Plan or Activities in my home country)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

휴 학 신 청 서

(Application for Leave of Absence)

성 명(Name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

국 적(Home Country) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

생 년 월 일(Date of birth) : \_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_.\_\_\_\_\_\_\_ (년월일 yyyy/mm/dd)

수학대학(Affiliated Institution) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

전 공(Field of Study) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

과 정(Program of Study) :

□ 학사(Bachelor’s degree) □ 석사(Master’s degree)

□ 박사(Doctoral degree) □ 석⋅박사 통합(Integrated Master’s & Doctoral)

휴학신청기간(Leave of absence period) :

. . . 연월일(yyyy/mm/dd) ∼ . . 년월일(yyyy/mm/dd)

휴학기간 중 연락처(Contact Details during Leave)

전화(Tel) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

주소(Home Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

사 유(Reason for application)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

위와 같이 휴학하고자 신청하오니 허가하여 주시기 바랍니다.(I hereby apply for leave of absence on account of the reasons stated above and ask for your kind consideration and permission.)

20 . . 년월일(yyyy/mm/dd)

신청인서명(Signature of Applicant)

붙임(Attachment): 지도교수의견서 1부(One written comments of academic advisor).

복 학 신 고 서

(Report on Returning to School)

성명(Name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

국적(Home Country) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

생년월일(Date of Birth) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_년월일(yyyy/mm/dd)

대학 (Affiliated Institution) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

수학과정 (Program of Study)

□ 학사(Bachelor’s degree) □ 석사(Master’s degree)

□ 박사(Doctoral degree) □ 석⋅박사 통합(Integrated Master’s & Doctoral)

휴학기간(Leave of absence period) :

. . . 연월일(yyyy/mm/dd) ∼ . . 연월일(yyyy/mm/dd)

20 학년도 (봄, 가을) 학기에 복학하고자 신청서를 제출하오니 필요한 조치를 하여 주시기 바랍니다. (I hereby ask for the necessary measures to be taken for my return to school from the (spring, fall) semester of the school year 20 .)

20 . . 연월일(yyyy/mm/dd)

신청인 이름(Name of Applicant)

신청인 서명(Signature of Applicant)

For Affiliated Institution use only

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

접수일Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 담당자 Staff in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

신청 승인 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 신청 미승인 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_