

Leave of Absence Application

Department	Major		
Name		Student ID	
School Year		Contact Information	
Address	* Address must be same as on your registration card		
Type of leave of absence (please attach evidence documents)	▪ Military	()	Attachment: Enlistment Notice
	▪ General	()	Attachment: Leave of Absence Agreement
	▪ Illness	()	Attachment: Medical Certificate showing more than 4 weeks continuous medical treatment in a hospital
	▪ Others	()	Attachment: related documents
Period of leave of absence (1 year or 6 months)	From 20 year month to 20 year month (months in total)		
Reason for leave of absence	Academic issues, economic issues, career issues, school life issues, others (family circumstances, etc.)		
The semester to return to school	20 year semester		
Agreement on the use of personal information collection and utilization	* 휴학구분이 질병휴학에 해당되는 학생에 한함.		
	구분	항 목	수집목적
	필수	질병정보	질병휴학
			보유기간
		3년	
	*민감정보 수집·이용에 대한 동의를 거부할 권리가 있습니다. 그러나 동의를 거부할 경우 학적변동처리(휴학)에 제한을 받을 수 있습니다.		
	<input type="checkbox"/> 민감정보 수집·이용 동의하십니까? <input type="checkbox"/> 동의 (Agree) <input type="checkbox"/> 미동의		
위와 같이 휴학을 신청합니다. I am applying for Leave of Absence for the above reasons.			
20 년 year 월 month 일 date			
Applicant: _____ (서명)			
For President of Woosong University			
확 인	Advisor	Department Chair	Dean

Reason for Leave of Absence Application

Department		Student ID		School Year	
Name		Period of Leave of Absence (6 months or 1 year)	년 월 ~ 년 월		
Type	<input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Illness <input type="checkbox"/> Other				
Reason for Leave of Absence	Classification	Content			
	Academic Issues				
	Financial Issues				
	Career Issues				
	University Life Issues				
	Others (write in detail)				

* 휴학 사유에 해당되는 항목별로 상세히 작성.(중복 가능) Write in detail.

* 군 입대 휴학의 경우 기타 부분에 군 제대 후 복학 계획 작성

위와 같은 사유로 인하여 휴학을 하고자 합니다. I would like to take Leave of Absence for the above reasons.

20 년 year 월 month 일 date

Applicant: _____ (서명)

For President of Woosong University

【휴학신청자 상담결과 보고서(소속학과)

Counselling Result Report for Leave of Absence Applicants

Department					
Name			Student ID		
				School Year	
Date of consultation	년 월 일		Place of consultation		
Consultation time			Consultation Professor		
Consultation Content	Classification	Details of consultation			
	Academic Issues				
	Financial Issues				
	Career Issues				
	University Life Issues				
	Others (write in detail)				
Advisor professor's opinion					
Department chair's opinion					
Dean's opinion					

위와 같이 휴학자 상담결과 자료를 제출 합니다. Above is the result of the student counseling.

20 년 year 월 month 일 date

Advisor Professor: _____ (서명)

Department Chair: _____ (서명)

For President of Woosong University