

[Full-time Research student Confirmation for Gwanak Residence Halls]

Professor's Approval

Semester: _____ Semester, 2016

University _____ Department _____
Lab. _____ Master/Doctor research student
Student number _____ - _____
Name _____

This is to prove that this person, as a full-time research student,
- is to not have any other job,
- is to research on Gwanak Campus for at least 8 hours a day, 5 days a week.

You have to check-out if you don't register as a full-time resident student.

The contents above should be kept, and if not, you will be dismissed. I approve of the contents above.

Date : _____, _____, 20____

Professor

University _____, Department _____
Signature _____