## Verification for Student Status

Semester: Ac	ademic Year: 2018	
Faculty	Department	
Lab Name	Master/Doctoral research stu	udent
Student ID	Name	
<ul><li>who does not have</li><li>and works on reweek during the or</li></ul>	this student is a full-time research so we any occupation other than being a search more than 8 hours a day, designated period, University Gwanak Campus.	student,
move out from the	et the student must voluntarily information in the cone does now udent or if there is a change in ent). Otherwise, the student can be halls.	t register n student
I certify that the al	bove information is true and correct.	
	Date: 20 .	
Facu	lty Department	
	Professor	(sign)