**Application for Course Registration for Credit Exchange**

○ Mark √on the appropriate box (□ Regular Semester, □ Summer/Winter Session)

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| 1. Personal Information |
| School: Student ID: Name: E-mail: Cellphone number: |
| 2. Exchanging School:  |
| 3. Period: (dd/mm/yyyy) ~ (dd/mm/yyyy) |
| 4. Detail of courses |
| Non-UNIST Courses to be Registered교류신청과목 | UNIST Courses to be substituted대체인정과목 |
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| Coursecode | CourseTitle | Credit | Instructor | Course code | CourseTitle | Credit | Course Instructor |
| Name | Signature |
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| Total Credits |  |

This form is submitted to request permission for course enrollment as above.

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| Date:  | (dd/mm/yyyy) |
| Applicant: | (Signature) |
| Advisor: | (Signature) |

**To the President of UNIST**