

Application for Readmission

Head of Department (Office)	Dean (Office)	One Stop Service Center

Name		Student No.		Major	
Contact No.		Date of Birth		E-mail	
Admission Year		Semester Taken		Credits Earned	Cumulative GPA
Time of Expulsion	<u>Spring/Fall Semester of</u> (Year)			Reason for Expulsion	<input type="checkbox"/> Unregistered <input type="checkbox"/> Not Returning <input type="checkbox"/> Dropout <input type="checkbox"/> Bad Grades <input type="checkbox"/> Etc
Name of Guardian		Contact Info. of Guardian			

☐ Notice on Collection and Use of Personal Information

In accordance with Article 15(1) 2 of the Personal Information Protection Act, personal information is collected and used without the consent of the information subject.

Purpose of Processing Personal Information	Personal Information	Basis of Collection
Processing Readmission	Name, Student No., Major, Contact No., Date of Birth, Name of Guardian, Contact Info. of Guardian, Reason for Expulsion, etc	Higher Education Act Article 23-4

I am submitting the readmission application as above, so please review and grant readmission.

20 (Year) (Month) (Day)

Applicant: (signature)

Required Documents	<input type="checkbox"/> Transcript <input type="checkbox"/> Verification of Deposit(\$20,000 under your name) <input type="checkbox"/> Certificate of Entry & Exit
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※ Please submit this form and required documents to One Stop Service Center(Student Union Building Room 202).

※ Readmission interview may be requested if necessary.

To the President of Sejong University