

fill this form and submit [reg@sejong.ac.kr](mailto:reg@sejong.ac.kr)

# Application Form for Leave of Absence

Name		Student Number		Department/ Major	
Phone Number		Date of Birth		Period of Absence (please tick)	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Reason for Absence (please tick)	<input type="checkbox"/> Preparation for Military Service	<input type="checkbox"/> Overseas Language Study		<input type="checkbox"/> Job Search	
	<input type="checkbox"/> Other	<input type="checkbox"/> Illness			
State Scholarship Application Status (please tick)	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

☐ Notification of Collection and Use of Personal Information (please tick)

In accordance with Clause 1-2 of Article 15 of the Personal Information Protection Act, personal information will be collected and used without the owner's consent.

Purpose of Use	Personal Information Obtained from Student	Basis
Processing of leave of absence and refund of registration fees	Name, Student Number, Major/ Department, Phone Number, Date of Birth, Period of Absence, Reason for Absence, State Scholarship Application Status, Bank Account Information	Higher Education Act Article 23-4

☐ Collection and Use of Information Related to Leave of Absence Due to Illness  
(please tick if applicable)

Confidential Information	Purpose of Collection	Retention Period
Illness	Processing of leave of absence	10 years

\* You have the right to refuse the collection and use of your personal information. However, please be informed that if you choose to do so, the processing of your leave of absence may be restricted.

I agree to the collection and use of my confidential information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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☐ Bank Account Information (International Students don't have to tick this field as the tuition for Spring 2020 will be automatically transferred to Fall 2020(no refund))

\* Registration fees will be refunded in accordance with Article 63 (Registration Fees Refund Policy) of the University Constitution. Students must provide their own bank account information.

Bank Name:	Account Number:	Account Holder:
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I would like to apply for a leave of absence based on the information given above.

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Name of Applicant:

(Signature)

\* Students may apply for a maximum of 6 leaves of absence (excluding those due to military service)

Sejong University Dean of Academic Affairs