2022 Winter KAIST CAMPUS Asia Research-oriented Program Application Form

University (E-mail Address) *Primary Name of Contact*		Participation Period	
Personal E-mail Address *(main.com, 365.com, etc)*			

Personal Information

	Full Name	Last Name	First Name	Middle Name
Less than 5 months old Passport Style Photo				
	Passport Number (expired passport not accepted)		Nationality (as shown on your passport)	
	Date of Birth (YY-MM-DD)		Gender	
Emergency Contact Person			Name	
			Relationship	
			Mobile Phone Number (including country code)	

※ To add a photo, click "Edit Text & Images" on the toolbar and then "Add Image".

Contact Information

Postal Address (including postcode)	
Mobile Phone Number (including country code)	

Academic Information

*Make sure to choose **one** Department of Interest at KAIST. If you apply for more than two departments, you can be required to choose one.

Home Institution		Current Year of Study	
Department at Home Institution			
Department at KAIST			

※ Names of departments at KAIST can be found at https://www.kaist.ac.kr/en/html/edu/03.html#0309

You are NOT allowed to choose any Schools under College of Business and Kim Jaechul Graduate School of AI, since this College is located separately in a different city. The one and only exception that you CAN choose is School of Business and Technology Management.

Research Plan at KAIST

	Department of Interest at KAIST	Laboratory of Interest at KAIST	Professor in Charge of the Lab
1			
2			
3			
4			
5			

※ Names of departments, labs, and professors in charge can be found at https://www.kaist.ac.kr/en/html/edu/03.html#0309

You are NOT allowed to choose any Schools under College of Business and Kim Jaechul Graduate School of AI, since this College is located separately in a different city. The one and only exception that you CAN choose is School of Business and Technology Management.

Research Plan at KAIST

Title of Your Research	
Description of Your Research (Please explain your research interest and research plan in detail)	

Previous Research Experience

※ If you do not have any previous research experiences, please leave this table blank.

Title of Research	
Institution	
Supervising Professor	
E-mail of Professor	
Description Research	
Primary Tasks	

Submission of Other Required Documents

※ Tick(v) if prepared.

Valid Passport Copy
Official Academic Transcript Copy
Official English Test Result Copy
Curriculum Vitae (Free Format)

I hereby certify that the above information are true and correct. I understand and agree that any false information indicated herein may affect the result of my application.

Applicant's Name: Submission Date (YY-MM-DD):