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확 인 서

Confirmation Letter

과 정 Degree Program	Master / PhD	학과/전공 Department/Major	International / Korean Studies
학 번 Student No.		성 명 Full Name	
연락처 Mobile Phone			
휴학 사유 Reason(s) for Leave of Absence	질병휴학 Special Leave of Absence Due to Illness		
휴학 기간 Period of Leave of Absence	2020학년도 2학기 (2020. . . ~ 2021. 2. 28)		
면담소견 Interview	<p><u>면담교수(성명)</u> Interviewer(Name of Professor) <u>Signature</u></p>		

면담교수는 지도교수(Advisory Professor) 또는 학과 주임교수(Chief Professor)가 할 수 있음
 ※Please leave below the 'Interview' box blank. After collecting this document for all applicants and arranging a time for telephone interview, Chief Professor(Students in 1st, 2nd Semester) or Advisory Professor(Students in 3rd, 4th or above semester) will individually interview the applicants.

위 학생의 휴학(질병휴학)에 관하여 상담을 하였음.

Consultation was held on the leave of absence(due to illness) of the above-mentioned student.

년(year) 월(month) 일(day)

지도교수(or 주임교수) (Signature)
 Advisory Professor(or Chief Professor)

고려대학교 총장 귀하