

SUNY Korea Leave of Absence Questionnaire



The content of this questionnaire will be used only for the internal process and your personal information will be discarded immediately. Please submit this paper with your LOA request form.

Student Information			
Name		Student ID	
Department		Phone Number	
Entry Year and Semester	20 (____) <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Expected Semester of Return	20 (____) <input type="checkbox"/> Fall <input type="checkbox"/> Spring
Are you a Scholarship Recipient?	<input type="checkbox"/> Yes, I'm a (_____) Scholarship Recipient. <input type="checkbox"/> No		
Are you living on campus?	<input type="checkbox"/> Yes (You must visit IGC Housing Office to check out and request for a refund.) <input type="checkbox"/> No		

What is the main reason of your Leave of Absence?	
<input type="checkbox"/> Military Leave (Must attach Enlistment Letter)	<input type="checkbox"/> ARMY (육군) <input type="checkbox"/> NAVY (해군) <input type="checkbox"/> MARINE (해병) <input type="checkbox"/> AIR FORCE (공군) <input type="checkbox"/> Public Service Area (공익근무) <input type="checkbox"/> Others (그 외)
<input type="checkbox"/> Financial Reason	
<input type="checkbox"/> Academic Difficulty (Language / Major)	
<input type="checkbox"/> Transfer to another school	* To support the transition of your academic record, please leave the name of the institution
<input type="checkbox"/> Others (Please specify)	

Please describe your best experience at SUNY Korea

Please describe your most challenging experience at SUNY Korea

What would you like to see changed when you return to SUNY Korea

Thank you for your cooperation. We wish your continuous success with all our heart.

Department of Academic and Student Affairs