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| **Internship Program Participation Application** | | | | | | | | | | | | | | | | | |
| **Participant Information** | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | Student No. | | | |  | | | | | |
| Dept. | | |  | | | | | Advisor | | | |  | | | | | |
| Year\* | | |  | | | | | Completed semesters (regular) | | | |  | | | | | |
| Credits | | | Obtained credits: | | | | Enrolled credits: | | | | | Total obtained credits: | | | | | |
| Past internships | | | No of times:\_\_\_\_\_\_\_\_\_\_\_  Credits obtained:\_\_\_\_\_\_\_\_\_ | | | | | Expected Graduation\*\* | | | | **\_\_\_\_\_\_(Year)** | | | | □ Feb  □ Aug | |
| Contact | | | Phone |  | | | | E-mail | | | |  | | | | | |
| **Information About Practice and Employment** | | | | | | | | | | | | | | | | | |
| Type1  Type2 | | □ School recommendation  □ Individual participation  □ Internal(domestic)  □ External(overseas) | | | | | | | | Application for graduate research substitution  \*\*\* | | □ Applying for graduate research substitution  □ Only applying for credit recognition | | | | | |
| Program  title | |  | | | | | | | | Name of Institution | |  | | | | | |
| Tasks performed | |  | | | | | | | | Employed  Department | |  | | | | | |
| Injury insurance provided by practice institution to interns | | | | | | | | | | | | □ Yes | | □ No | | | |
| Practice pay | | KRW/month | | | Other support | | | | | □ Dorm | | □ Food | | □ Transport | | | |
| Employment period | | Start date | | | End date | | | | | | | days  ( weeks) | | 40 hr. work week  (5 days a week, 8 hours/day)  Actual working days (excluding public holidays) | | | |
| / / | | | / / | | | | | | |
| **Person in Charge at Practice Institution** | | | | | | | | | | | | | | | | | |
| Name |  | | | | Department |  | | | | | | | Job title | |  | | |
| Contact |  | | | | | | | | E-mail | |  | | | | | | |
| **Approval by Advisor** | | | | | | | | | | | | | | | | | |
| Advisor | | | | | | | |  | | | | | | | | | (Seal) |
| I hereby submit the above application to participate in the KAIST internship program and pledge to immediately notify the department in charge at KAIST when changes are made to the above.  **\_\_\_\_\_\_\_\_\_(Year) \_\_\_\_\_(Month) \_\_\_\_\_(Day)**  **Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)  **Confirmation by person in charge of field practice** (for individual participation):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)  ※ Confirmation by the person-in charge of field practice may be substituted with confirmation letter from the company, acceptance letter, etc. | | | | | | | | | | | | | | | | | |

**Consent to Collection, Use, and Third Party Provision of Personal Information**

KAIST Global Leadership Center (hereafter referred to as this ‘we’) complies with the "Personal Information Protection Act". We would like to collect and use your personal information in relation to internship program as below and provide it to a third party. Please read the following points carefully, and check and sign the agreement.

**1. Agreement to Collect and Use Personal Information**

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| --- |
| **[Collected Personal Information Items]**  Name, date of birth, contact (phone, e-mail address etc.), sex, nationality, department (major), academic registrar related matters (advisor, student no., year, graduation time, obtained credits, grade, subjects taken etc.), experience, qualifications such as languages, self-introduction, and other disclosed information about the applicant, etc.  **[Purpose of Personal Information Collection]**  Evidentiary materials for management and grading in the KAIST internship program  **[Personal Information Retention and Usage Period]**  Until internship program participation applicants selection and completion of support, retention of 3 years  **[Right of Refusal]**  The applicant has the right to refuse the collection and use of personal information; however, if you refuse, we will not be able to select or support your internship program  **Do you agree to the collection and usage purpose of personal information?**  **□ I agree □ I disagree** |

**2. Agreement on the Provision of Information to a Third Party**

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| --- |
| **[Receptor of Personal Information]**  Internship participating institutions  **[Purpose of Personal Information Use]**  Internship program participation applicants selection and support  **[Provided Items of Personal Information]**  Name, date of birth, contact (phone, e-mail address etc.), sex, nationality, department (major), academic registrar related matters  **[Period of Collection and Usage by the Receptor]**  Until internship program participation applicants selection and completion of support  **[Right of Refusal]**  The applicant has the right to refuse the collection and use of personal information; however, if you refuse, we will not be able to select or support your internship program  **Do you agree to provide personal information to a third party?**  **□ I agree □ I disagree** |

I, the applicant, hereby consent to the above collection, use, and third party provision of personal information by the KAIST Global Leadership Center, in accordance with related laws such as the Personal Information Protection Act.

(Month). (Day). 20 .

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| --- | --- | --- |
| Applicant : |  | (Signature) |