

Name: _____ **Student ID:** _____

Degree Program: MAcHM/MSOM DAcHM/DATM

We will respond by e-mail to your e-mail account: _____@_____

You will receive an email notification regarding the approval status of your application. If approved and space is available in the course, you will be registered.

[A] I am requesting an additional study registration for the following course:

Term: _____ **Course Code:** _____
(e.g. Spring 2024) (e.g. BS313)

Course Language: English Korean **Course Name:** _____
(e.g. Pathology 3)

Faculty Name: _____
(e.g. Heiwon Lee)

[B] Transfer Credit Information:

Previous Institution: _____
(e.g. Some University)

Course Code: _____ **Course Name:** _____

Credit Units: _____ **Missing Units:** _____

By signing this document, I acknowledge that I am registering for the specified course as additional study. I understand that this registration does not guarantee credit transfer or fulfillment of degree requirements. I further acknowledge that any discrepancies in the provided information may result in registration cancellation or academic penalties. I agree to abide by the policies and regulations of Dongguk University Los Angeles regarding additional study registrations.

I certify that the information in this application is true and complete in all respects and that I have withheld no information. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offences and may result in prosecution under the University's Codes of Behavior and/or Criminal Code of California.

Student Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____

Academic Dean's Signature: _____ **Date:** _____