

**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:** \_\_\_\_\_

**Director of Accounting:** \_\_\_\_\_ **Date:** \_\_\_\_\_