**Letter of Approval**

We herewith confirm that the student

\_\_\_\_\_\_\_\_\_\_(Student Name)\_\_\_\_\_\_\_\_\_\_

who is enrolled/registered at \_\_\_\_\_\_\_\_\_\_(Name of Home University)\_\_\_\_\_\_\_\_\_\_ is allowed to participate in Seoul National University Visiting Student Program for Fall 2024 or Fall 2024 – Spring 2025.

* *We acknowledge that it is exceptionally agreed that students from our institution can join SNU as a visiting student for Fall 2024 or Fall 2024 – Spring 2025 only.*
* *We acknowledge that upon acceptance, the student above will be deemed as a visiting student at SNU and the student must be responsible for tuition, housing, and personal cost.*
* *We acknowledge that the student’s participation above will not count toward the agreed quota and SNU will keep this student’s record as a visiting student, not exchange student.*
* *We agree to recognize that the academic credits that the student above will gain at SNU may be transferred to the student’s home degree program in accordance with the appropriate regulations.*

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| Home Institution Coordinator Information | | | |
| Name: |  |  | Institution Stamp |
| Position: |  |  |  |
| Email: |  |  |  |
| Signature: |  |  |  |
| Date: |  |  |  |