**FORM 1. PERMISSION FOR STUDY LEAVE**

*This form must be approved by your university.*

|  |
| --- |
| **A. Applicant Information** |
| Applicant Name(Passport name) |  |
| Nationality |  | Final Degree |  |
| Current Affiliation |  | Current Position |  |
| **B. Details of Applying University** |
| University Name |  | Period of Attendance (yy/mm/dd) |  |
| Department |  | Major |  |
| **C. Letter of Recommendation** |
| Academic Ability | *\* Please briefly describe the applicant’s academic excellence, research topic and plan (200 words )* |
| Contribution after Study | *\* Please briefly describe the plan of contribution to home university the study (200 words )* |

I hereby confirm that (Name of Applicant) is an academic faculty member of (Name of Affiliation), and grant the permission for study leave of (Name of Applicant) from (yy/mm/dd ) to (yy/mm/dd) for doctoral program as above under the scholarship program of Higher Education for ASEAN Talents: Scholarship Opportunity for ASEAN faculty members in the Republic of Korea.

President/Rector University *(Official Seal)*

President/Rector Contact (Email / Phone/ Website address) Date(yy/mm/dd)