

Special Quarantine Management Weekly Stay-out Pledge

- ▶ Student ID Number :
- ▶ Name :
- ▶ Dormitory/Room No. :
- ▶ Phone No. :
- ▶ Reason :

1. I acknowledge that the above reasons for staying out of the dormitory are not false, and I agree that I am fully responsible for any damage caused by false pledge.

2. I do comply with the above stay-out period and will not do unnecessary things that are not suitable for stay-out reasons.

3. I acknowledge that the current COVID-19 situation is not light and will thoroughly comply with the COVID-19 prevention rules during stay-out.

4. Before returning to the dormitory, I will make sure to measure body temperature and check for symptoms of COVID-19, and immediately notify my dormitory assistant if any health problems occur.

I know that I am fully responsible for any damage, infection, etc. that may occur in violation of the above, and I pledge to comply with the above matters thoroughly.

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서명(Signature) _____ (인)

※ Make sure to write the gray shaded part in your own handwriting and sign and seal it.