

# Sleep-Out Application Form during the Chuseok Holiday

Applicant	소 속 [Major]	대학(원) [College]	학과(부) [Dept.]	성 별 [Gender]
	성 명 [Name]	학 번 [Student ID]		
	생활관 [Dormitory]	관실정보 [Room No.]		
	연락처 [Cell phone]	전자우편 [E-mail]		
Details of application	신청구분 [Apply]	신규 [New]	변경 [Change]	취소 [Cancel]
	외박기간 [Period]	20 년 월 일(출발일자) ~ 20 년 월 일(복귀일자) [20 . . .(DEP) ~ 20 . . .(ARR)]		
	행선지(지역) [Destination]			
	외박 신청 사유(구체적으로 작성 요망) [Reason for sleep-out]			
	<p>※ 아래 서약내용을 자필로 따라 쓴 후 서명하시기 바랍니다. [ Please write the following pledge by hand and sign it.]</p>			
서약내용	<p>1. The reasons for applying for an sleep-out above are not false, and I must comply with the sleep-out period.</p> <p>2. I am aware of the implementation of the Chuseok special quarantine measures and will strictly comply with them.</p> <p>3. I am aware of the seriousness of the spread of COVID-19, such as the recent delta mutation, and will thoroughly comply with quarantine rules such as wearing a mask, washing hands, and refraining from visiting multi-use facilities during the sleep-out period.</p> <p>4. Before returning to the dormitory, I will self-check my body temperature and symptoms of COVID-19, and if there are any abnormalities, I will contact the resident assistant immediately.</p> <p>5. Before returning to the dormitory, I will conduct a COVID-19 test and return after confirming negative, and I will report the test results to the resident assistant after returning.</p>			

Knowing that I am responsible for any damage or infection that may occur as a result of violating the above, I pledge to strictly abide by the above.

20 . . .

Name: \_\_\_\_\_

Signature: \_\_\_\_\_