[Form]

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| **Attendance Acknowledgment Request Form** | | | | | | | | | | | |
| Student | Name | | | | Student ID  *Ex) 2021-12345* | | | College | | | Department |
| Request  Reason | This request is in accordance with「Academic Grading Regulations of Seoul National University」Article 4(Attendance Acknowledgment) 1 ( 2 )  ※ Attendance Acknowledgment Reason  1. In case of difficulty in attending courses due to conscription examination, call-up, inspection muster, training in accordance with「Reserve Forces Act」and「Military Service Act」: *call-up(training) period*  2. In case of difficulty in attending courses due to infection of possibility of infection in accordance with「Infectious Disease  Control and Prevention Act」or other related acts: *infection or quarantine period.*  3. In case of difficulty in attending courses due to diseases or injury: l*ess than 1/3 of class days of entire semester*  4. In case of difficulty in attending courses due to menstrual pain: *a day per month*  5. If there is difficulty in attending courses due to congratulations and condolences   |  |  |  | | --- | --- | --- | | Classification | Subject | Period(Days) | | Marriage | principal | 5 | | his/her children | 1 | | Birth | principal | 20 | | his/her spouse | 10 | | Adoption | principal | 20 | | Death | his/her spouse, his/her parents his/her mother or father in Law | 5 | | grandparents or maternal grandparents of the principal  grandparents or maternal grandparents of his/her spouse | 3 | | his/her children, his/her daughter or son in law | 3 | | his/her siblings or his/her sister or brother in law | 1 |   6. If president of university allows participating official events: *participation period*  7. If the dean of the department allows according to considerable reason | | | | | | | | | | |
| Detailed  Reason | (Ex) COVID-19 Vaccination | | | | | | | | | | |
| Course | Course  Number | | Lecture  Number | Course  Title | | Class Time | | | | Instructor(Name) | |
| Date | Day | | Period |
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| I request for attendance acknowledgment as above and subsequent approval.  Date YYYY-MM-DD  Student Name **(Signature)** | | | | | | | | | | | |
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| Documentary  Evidence | | ※ Requirements corresponding to request reason  1. Documentary evidence related to military service(Reserve force training certificate, etc.)  2. Medical certificate  3. Supporting evidence(Related official documents etc.)  4. No need to submit any documentary evidence  5. Supporting evidence(Wedding invitation, death certificate, family relation certificate, etc.)  6. Event attendance certificate, official document, etc.  7. Attendance certificate (by dean of the department) | | | | | | | | | |
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