KAIST

Korea Advanced Institute of Science & Technology

Application Fee Waiver Request Form

1. Applicant's Information

Name in Full:

Date of Birth:

Place of Birth (Country):

Nationality:

Postal Address (including country):

Name of High School (including country):

Admission Year:

Grade: ☐ 10th ☐ 11th ☐ 12th ☐ Graduated (Year of Graduation:)

Email:

※ Please provide the email address that you intend to use for your KAIST application.

2. Application Track (Please choose one of the two options below.)

☐ Undergraduate Program for 2026 Spring (Early)

☐ Undergraduate Program for 2026 Fall (Early)

Declaration of Consent:

(For each consent item below, please review and check the box to indicate your consent.)

☐ I confirm that I was born and have lived in the country listed in the UN list of LDCs.

☐ I request an application fee waiver and confirm that the information and documents provided are true and correct.

☐ I fully agree that if any information is found to be false or counterfeit, KAIST (Office of Admissions) reserves the right to cancel my request for an application fee waiver and to revoke my admission or withdraw an offer of admission.

☐ I consent for my data to be shared for the purpose of assessing my application fee waiver request and for compiling anonymized date for monitoring purposes.

☐ I understand that KAIST has the sole and absolute discretion in determining my eligibility for an application fee waiver and their decision shall be final and conclusive.

☐ I pledge to accept any decision made and agree not to contest or appeal it.

By signing below, I acknowledge that I have read, understand, and agree to all the declaration statements above.

Signature: **Date(DD/MM/YY):**

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Letter of Recommendation for Application Fee Waiver

1. Recommender's Information (*Principal*)

Name in Full:

Position:

Name of High School (including country):

Email:

Phone:

2. Applicant's Information

Name in Full:

Date of Birth:

Place of Birth (Country):

Nationality:

Name of High School (including country):

Admission Year:

Grade: ☐ 10th ☐ 11th ☐ 12th ☐ Graduated (Year of Graduation:)

Evaluation

1) Please rate the applicant in overall academic competence.

☐ Exceptional ☐ Outstanding ☐ Good ☐ Average ☐ N/A

2) How does the applicant compare to other students in their grade level at your high school?

☐ Top 1% ☐ Top 2~3% ☐ Top 4~5% ☐ Below 5%

3) Place a check to indicate your comprehensive evaluation of the applicant and give your opinions.

☐ Strongly Recommended ☐ Recommend ☐ Neutral ☐ Not recommend

<Opinion> (200 words or less)

Declaration of Consent:

(For each consent item below, please review and check the box to indicate your consent.)

☐ I fully agree that if any information is found to be false or counterfeit, KAIST (Office of Admissions) reserves the right to revoke the application fee waiver.

☐ I have carefully filled out this letter of recommendation myself and understand that the opinions expressed herein may continue to serve as a reference in the subsequent admission process within KAIST.

By signing below, I acknowledge that I have read, understand, and agree to all the declaration statements above.

Signature: **Date(DD/MM/YY):**