

2020 Student Success Story Contest Application

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|---|--|-------------------|-------|--|--------------------|
| Title (Topic) | | | | | |
| Name | | Contact | Phone | | |
| | | | Email | | |
| Major | | Student ID No. | | Status of Enrollment in 2020 Fall Semester | Enroll() |
| | | | | | Semester off() |
| <p>[Contents]</p> <p>※ <i>Format: 11pt, basic font, basic left/right-hand margins, interline spacing 160%</i></p> <p>※ <i>The total number of content pages should not exceed 2 pages.</i></p> <p>– Complete this sentence: “I think ‘Student Success’ is _____” (max 150 characters):</p> <p style="color: red;">※ In the case of recommendations of others, the Recommender's(the person being recommended) Agreement and Signature is required.</p> <p>I am aware of the applicant's () recommendation and checked the contents of the application form.</p> <p>I also agree to use my personal information for this contest.</p> <p>Recommender:</p> <p>Name ()</p> <p>Major ()</p> <p>Student ID No. ()</p> <p>August. [], 2020. (Signature)</p> | | | | | |

As identified above, I am applying for the 2020 Student Success Story
Contest.

August [], 2020
Applicant: (Signature)

To Director of Student Success Center