

Facilities Check List 시설물 체크 리스트			
Department		Name	
Position	<input type="checkbox"/> M.S. <input type="checkbox"/> Ph.D. <input type="checkbox"/> Researcher <input type="checkbox"/> Staff	Student No.	
Entering Date		Apartment No.	
* After checking the facilities, please submit this form to the apartment manager.			
Item	Facilities Condition (Check if any)		Remarks
Entrance(Door, Furniture)			
Room #1			
Room #2			
Living Room			
Bathroom (Bathtub, toilet, etc)			
Kitchen			
Balcony			
Door/Window(Damage)			
Electricity Facilities			
Heating System			
Etc			