Resident Card 입주자 카드						
Department				Name		
Position	☐ Married Stude ☐ Researcher ☐ Staff	ent (□	M.S. □ Ph.D.)	Student No.		
Apartment. No.	Building □E □F □G Room No. :			Entering Date		
Phone No.	Office: Mobile:			E-Mail:		
Emergency Contact	Name : Phone No. :					
Former Address	Nationality:					
Family						
Name	Relation	Date of Birth		Job		Remarks
* If you have cars, please fill in these columns.						
Owner	Car Model		License Plate Number			Remarks
 Memo: 신규입주자 전입신고 후 주민등록 등본 1부 제출 * 에어컨 설치 시 실외기는 외부로 돌출되어서는 안 됩니다. 						

^{*} Please submit this card to the apartment manager within a week of the date of check-in.