

Application for Start-up Leave of Absence

College		Department	
Name		Student No.	
Academic Year		Sex	
Current Address			
Contact		Email	
Company Name		Business Registration Number	
Business Address		Establishment Date	
Category	New/Extension	Previous Start-up Leave Usage	e.g) 2022-1, 2022-2 (Leave blank if applying for the first time)
Date of Application			
Leave Period	(yyyy). (mm). (dd). ~ (yyyy). (mm). (dd).		
*Apply be semester/Additional application per semester for extension			

I agree to the provision of my personal information and hereby submit this application for a start-up leave of absence. I also agree to evaluation by the review committee and on-site inspection.

Date : (yyyy). (mm). (dd).

Applicant Name: (signature)

Business Plan(New Application)

Start-up Item				
Company Name		CEO Name		
Business Address				
Business Opening Date (Establishment Date)		Business Type (Individual, Corporation)		
Development Stage of Item	☐ Planning ☐ Development ☐ Prototype Completed ☐ Commercialization Completed			
Experience in Start-up Clubs On and Off Campus	Period	Club	Activity Details	
Awards (including support for startup item development)	Competition Name	Award Details	Date	Organizing Institution
Other Experience	Period	Details		

Business Overview	(Describe the business overview, motivation for start-up, expertise of participating personnel, business contents and key strengths, etc.)
Technicality	(Describe the level of technology development.)
Marketability	(Describe related market trends and sales promotion strategies.)

Commercialization Plan	(Describe the schedule, threats, and response measures.)
Technology Development Level	(Development process, development progress, intellectual property rights registration, external support for technology development, etc.)
Prototype Production Status	(Detailed description by schedule, key development content achievement plan.)
Related Market Trends	(Market trends, new technology trends, SWOT analysis.)

Sales Feasibility	(Product characteristics and competitiveness, risk factor analysis, and response strategies in case of commercialization difficulties.)
Sales Promotion Strategy	(Initial market entry strategy, marketing strategy.)
Funding Plan	

Business Implementation Schedule													
Detailed Commercialization Details	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Remarks

Business Plan (Extension Application)

Start-up Item				
Company Name			CEO Name	
Business Address				
Business Opening Date (Establishment Date)			Business Type (Individual, Corporation)	
Development Stage of Item	☐ Planning ☐ Development ☐ Prototype Completed ☐ Commercialization Completed			
Experience in Start-up Clubs On and Off Campus	Period	Club	Activity Details	
Awards (including support for startup item development)	Competition Name	Award Details	Date	Organizing Institution
Other Experience	Period	Details		

Performance Compared to Previous Semester's Business Plan			
Category	Plan	Performance	Remarks
Sales			
Customers (Users)			
Investment			
Employment			
Awards			
Selection for External Projects			
Other			

Business Overview	(Describe the business overview, motivation for start-up, expertise of participating personnel, business contents and key strengths, etc.)
Technicality	(Describe the level of technology development.)
Marketability	(Describe related market trends and sales promotion strategies.)

Commercialization Plan	(Describe the schedule, threats, and response measures.)
Technology Development Level	(Development process, development progress, intellectual property rights registration, external support for technology development, etc.)
Prototype Production Status	(Detailed description by schedule, key development content achievement plan.)
Related Market Trends	(Market trends, new technology trends, SWOT analysis.)

Sales Feasibility	(Product characteristics and competitiveness, risk factor analysis, and response strategies in case of commercialization difficulties.)
Sales Promotion Strategy	(Initial market entry strategy, marketing strategy.)
Funding Plan	

Business Implementation Schedule													
Detailed Commercialization Details	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Remarks

Recommendation Letter from Start-up Related Department

College		Department	
Name		Student No.	
Contact		Email	
Company Name		Business Registration Number	
Item			
Recommendation Type	① Completion of Start-up Course (Course Name:) ② Participation in Start-up Program (Program Name:) ③ Recommendation as Outstanding Company (Achievement:) ④ Other ()		
Recommender Information	Affiliation : Address :	Position : Contact :	

This student is confirmed to be currently operating a business as the representative of a start-up company.

Date : (yyyy). (mm). (dd).

Recommender Name : (Signature)

고려대학교 총장 귀하

지도교수 추천서

Recommendation Letter

대학 Name of College		학과/학부 Department/Major	
학번 Student No.		성명 Name	
연락처 Mobile Phone			
휴학사유 Reason(s) for Leave of Absence	창업 휴학 Leave of Absence due to start-up		
휴학기간 Period of Leave of Absence ☒ tick the corresponding box	(year/month/day) 20 년 ☐ 3월1일 ☐ 9월1일 ~ 20 년 ☐ 2월28일 ☐ 8월31일		
추천소견 Interview	면담교수(성명): _____ Interviewer(Name of Professor)		

위 학생의 휴학(창업휴학)에 관하여 상담을 하였음.

Consultation was held on the leave of absence(due to start-up) of the above-mentioned student.

년(year) 월(month) 일(day)

(Signature)

지도교수(or 학과장) _____ (서명)
Professor(or _____ Dean)

고려대학교 총장 귀하

Business Performance Report

Start-up Item			
Company Name		CEO Name	
Business Address			
Business Opening Date (Establishment Date)		Business Type (Individual, Corporation)	
Business Overview	○ Business content and characteristics.		
Sales Performance	○ Sales performance for the past 6 months.		Achievement Rate (%)
Business Implementation Performance	○ Summarize implementation performance.		Achievement Rate (%)

Business Outcomes	☐ Describe detailed business outcomes.	Achievement Rate (%)
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Commercialization Goals	
Sales Target	☐ Sales target (for the next 3 years/6-month increments)
Commercialization Plan	☐ Specify implementation plan by period (for the next 3 years/6-month increments)