**PROOFREADING 사후지원 신청서(타업체 교정)**

**Application for PROOFREADING Support (Other Agencies)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **신청자**  **(연구책임자)**  **Applicant**  **(chief researcher)** | 소 속 Affiliation | | | 전 공 Academic Major | | | | 성 명 Name | | | **교원사번**  Employee no. | |
|  | | |  | | | |  | | |  | |
| 주 저 자  소속정보  Affiliation of main author(s) | 제1저자  (First author) | | | 교신저자  (Corresponding author) | | | | Division of applicants | 제1저자  First author | | ( ) | |
| 본교  Yonsei University ( ) | 타기관  External institution  ( ) | | 본교  Yonsei University  ( ) | | 타기관  External institution  ( ) | | 교신저자  Corresponding author | | ( ) | |
| 신청 대리인  (연구원)  Application proxy  (researcher) | 성 명 Name | | | E-MAIL | | | | 연 락 처(휴대폰) Contact (cell) | | | | |
|  | | |  | | | |  | | | | |
| **논문제목**  **Paper title** |  | | | | | | | | | | | |
| 투고예정  학술지명  Name of journal |  | | | | | | | | ISSN. No. | | － | |
| 발행기관명  Name of Publisher |  | | | | | | | | 투고예정월  Submission date | | (month) (year) | |
| 투고예정  학술색인  Journal index | 학진등재후보  Registration Candidate with KRF | | 학진등재  Registration with KRF | 일반국제  International & non-SCI/SCIE/SSCI/A&HCI | | SCI | | SCIE | SSCI | | | A&HCI |
| ( ) | | ( ) | ( ) | | ( ) | | ( ) | ( ) | | | ( ) |
| 환급정보  Refund information | 교정실경비(신청금액)  Proofreading fee (amount requested) | | | 수취계좌정보  Account information | | | | | | 교정업체명  Proofreading agency | | |
|  | | | 은행명  Bank Name |  | 계좌  번호  Acc. No. |  | | |  | | |
| ※ Reason for using an external agency  ※ Required documents to attach  (1) Application form and copy of proofread document(s)  (2) Agency invoice. Proof of bank transfer (confirmation receipt, etc). | | | | | | | | | | | | |

연세대학교 연구진흥사업 지원기준에 의거 위와 같이 proofreading을 지원 받고자 관련서류를 첨부하여 신청합니다. I hereby submit my application with the enclosed documents in order to receive financial support for proofreading in accordance with the Yonsei University Research Promotion Project Guideline.

Day Month Year

Applicant: (signature)

**PROOFREADING 교정 후 평가의견서**

**PROOFREADING Evaluation Form**

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| **관리번호**  **Management no.** |  | **교정업체**  **Proofreading agency** |  |

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| **신청교원**  **(연구책임자)**  **Applicant (chief researcher)** | 소 속 Affiliation | | 전 공 Subject | | | **교원사번 Employee no.** | |
|  | |  | | |  | |
| 성 명 Name | | 연 락 처 Contact | | | E-mail | |
|  | |  | | |  | |
| **대리인(연구원)**  **Proxy (researcher)** | 성 명 Name | | E-MAIL | | | 연 락 처(휴대폰) Contact (cell) | |
|  | |  | | |  | |
| **논문제목**  **Paper title** |  | | | | | | |
| \* 아래의 평가항목별 만족도를 표시하여 주시기 바랍니다.  Please rate your level of satisfaction with the following statements using the scale below. | | | | | | | |
| 평가항목  Item | 매우만족(5)  Extremely satisfied | 만족(4)  Satisfied | | 보통(3)  Average | 불만족(2)  Unsatisfied | | 매우 불만족(1)  Extremely unsatisfied |
| 교정기간  Proofreading Time |  |  | |  |  | |  |
| 문법적요소  Grammar |  |  | |  |  | |  |
| 흐름적요소  Readability |  |  | |  |  | |  |
| 수정된표현  Revised Expressions |  |  | |  |  | |  |
| 기타  평가의견  Miscellaneous comments | \* 상세한 평가의견을 부탁드립니다. Please include as much detail as possible. | | | | | | |

(Day) (Month) (Year)

Applicant: (signature)