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| --- | --- | --- | --- | --- | --- |
| **Application form for**  **Withdrawal from School** | 결  재 | 담 당 | 주 임 | 팀 장 | 원 장 |
|  |  |  |  |

Course : Department : Semester :

Student ID No. : Name :

Birth Date : Contact No.:

Address :

I officially request for withdrawal from graduate school for the following reason.

▶ Admission to Other Graduate school ( )

▶ Abandonment of Study in Ajou Univ. ( )

▶ Other reasons :

Date of Drop out of school : (Year) (Month) (Day)

(Year) (Month) (Day)

Applicant : (Signature)

Academic Advisor : (Signature)

Chair of the Department : (Signature)

**To Dean of Graduate school**