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| --- | --- | --- | --- |
| Department | Dept.  ( Major) | Semester | Master’s semester |
| Name in Full |  | Student ID No. |  |
| Alien registration No. | - | | |
| Credits you took in Master’s course | Total credits (G.P.A ) \* Please attach the transcript | | |
| The reason of change the degree  process & Future plan after change to Integrated course |  | | |
| I hereby apply for change of the degree process from Master’s course to Integrated course as an enrolled student in Master’s of Ajou University.  (year) (month) (day)  Applicant (Signature)  Academic Advisor (Signature)  **To President of Ajou University** | | | |

**Application form for change of the degree process**

**to Integrated course**