**Withdrawal Form**

I would like to notify the school that I will be withdrawing from this course.

|  |  |
| --- | --- |
| Student Id No/학생번호 |  |
| Surname/성 |  |
| First Name/이름 |  |
| Member Institution/학교이름 |  |
| Year: Semester/학년과학기 |  |
| Award/학위 |  |
| Statues/비자 or 영주권 |  |

REASON FOR LEAVING:

Date:

Signature:

Agree with Registrar:

Name: Signature: Date: / /

Agree with Dean of Studies:

Name: Signature: Date: / /