

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	
Statuses/비자 or 영주권	

REASON FOR LEAVING:

Date:

Signature:

Agree with Registrar:

Name:

Signature:

Date: / /

Agree with Dean of Studies:

Name:

Signature:

Date: / /