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| **Application for**  **Withdrawal from School** | 결  재 | 담 당 | 주 임 | 팀 장 | 원 장 |
|  |  |  |  |
| Course : Department : Semester :  Student ID No. : Name in Full :  Birth Date : Contact No.:  Address :  I officially request the permission for withdrawal from graduate school for the following reason.  ▶ Admission to Other Graduate school ( )  ▶ Abandonment of Study in Ajou Univ. ( )  ▶ Other reason of leaving :  Date of Drop out of school : (Year) (Month) (Day)  (Year) (Month) (Day)  Applicant : (Signature)  Academic Advisor : (Signature)  Dean of the Department : (Signature)  To Dean of Graduate School | | | | | |