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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 |