Application form for cancellation

of Foreign Language Test

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| --- |
| **1. Personal Information** |
| Course |  | Department |  |
| Student ID |  | Name  |  |
| **2. Cancellation of the Foreign language test** |
| Reason for Cancellation |  |
| **3. Test Fee refund** |
| Bank Account for refund |  | Account holder |  |

I hereby apply for cancellation of foreign language test as above

 (year) (month) (day)

Applicant (Signature)

**To Dean of Graduate School**