**Application for conferment of Master’s degree**

**from Integrated course**

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| --- | --- | --- | --- |
| Department | Dept.  ( major) | Semester | Integrated course  th semester |
| Student ID |  | Name |  |
| Total Credits earned | Total credits (Major: /Research: ), GPA:  \* Attachment : Transcript. | | |
| Reason for change of degree conferment |  | | |
| I hereby apply for conferment of Master’s degree as a student of integrated course in Ajou University and ask for your permission and necessary measures to be awarded on degree of Master.  (year) (month) (day)  Applicant (Signature)  Academic Advisor (Signature)  **To President of Ajou University** | | | |