

Course Resignation Request 수강신청과목 취소원				
Department		Student No.		Name
Type of Student	Government Sponsored <input type="checkbox"/> GIST Sponsored <input type="checkbox"/> Industry Sponsored <input type="checkbox"/>	Contact Address/ Phone	Postal Code : Address : Telephone Number :	
Details				
Title		Crs. Code	Credit	Instructor
				Seal
				Seal
				Seal
				Seal
				Seal
				Seal
				Seal
				Seal
				Seal
Total No. of Credits Before			Total No. of Credits After	
Pursuant to Section 4, Article 8 of the admission exam & Registration Procedure Regulations, the applicant requests approval to resign the above courses.				
Date				
Applicant :			Seal/Signature	
Approved by	Advisor	Dean/ Dept. Chair		