Application for a Voluntary Withdrawal									
				자 5		원			
Name				Degree			Divi	sion/	
Name				Program			Conce	ntration	
Type of Student	GIST S			Sponsor			Adm (Pre	te of ission esent gram)	
Student	udent				Pos	Postal Code :			
Number				Address/		Address:			
				Phone	1 ele	Telephone Number :			
Pursuant to Article 48 of the Student Regulation, the applicant requests approval for a voluntary withdrawal.									
Date									
Applicant : Seal/Signature									
Guarantor: Seal/Signature									
 * 1. Applicants for voluntary withdrawal shall submit this application with the signature of a guarantor and the approval of the applicant's advisor and dean. 2. Students who withdraw from the institute must return all financial benefits received from the school. 									
Counselor Advisor		Advisor	Division Chair/		GIST College Dean				
				Director		(GIST College Student Only)			
Repayment	Repayment Libra		Sec. of Financing	Telephone Control	I.D Co	ontrol	Dormitory	Computer Section	Research Wrap-up