

Application for equivalents for retaking course 재수강 과목 인정 신청서									
Academic Department				Student No.					
Name			Type of Student	Government Sponsored (    ) GIST Sponsored (    ) Industry Sponsored (    )					
Credits to be retaked				Equivalents					
Course Title	Credit	Grade	Remarks	Course No.	Course Title	Credit	Remarks		
Date . . . . .									
Applicant :				Seal/Signature					
Dept. Chair				Instructor					
<Comments>				<Comments>					
Dept. Chair :				Seal		Instructor :		Seal	