[별지 6] <개정 2009.8.27, 2010.3.26, 2015.12.2., 2018.11.30>

Advisor	* Dean/ Dept. Chair	** Division Chair/ Director	** Dean of GIST College

Application for Reinstatement
복 학 원

Name		Degree Program		Department	
Student Number		Sponsor		Phone number	
Period of Leave	From . . . ~ To . . . (Semester)				
Reason for Leave					
Date of Admission	_____Year _____Month	Semester of Re-entry	_____Year ____Semester	Credits Earned	Total_____ Cr

Pursuant to Article 47 of the Student Regulation, the applicant requests approval for a reinstatement to the institute.

Date . . .

Applicant : Seal/Signature

<Notice>

1. Those students who have been discharged from military services must submit a copy of his/her resident registration.
2. Applicants shall register for courses, pay tuition, and see to all necessary procedures.
3. Applications shall be processed at the beginning of the term.

* Graduate Students Only ** GIST College Students Only