

Add/Drop Request 수강신청 변경원										
Dept.				Student No.				Name		
Type of Student	Government Sponsored <input type="checkbox"/>			Contact Address/ Phone	Postal Code:					
	GIST Sponsored <input type="checkbox"/> Industry Sponsored <input type="checkbox"/>				Address: Telephone Number:					
Details										
Drop	Crs. Code	Credit	Advisor	Drop	Crs. Code	Credit	Advisor			
			Seal				Seal			
			Seal				Seal			
			Seal				Seal			
			Seal				Seal			
			Seal				Seal			
			Seal				Seal			
			Seal				Seal			
Total No. of Credits Before					Total No. of Credits After					
For the _____ semester of _____ (year), the applicant requests approval of add/drop of the above courses.										
Date : . . . . . Applicant : Seal/Signature										
Approved by	Advisor	Dean/ Dept. Chair		* 1. This application may only be used during add/drop period. 2. In order to resign a course, use the Course Resignation Request.						