**Application for Completion**

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| --- | --- | --- | --- |
| Program |  | School |  |
| Student ID |  | Name |  | Grade |  |
| Desired Completion Term |  | Credits Earned  | Completed Credits : 　　(GPA: 　　/4.3)On-going Credits: Total Credits:  |

This request is submitted for permission for Completion.

Date : (MM / DD / YY)

Applicant : 　　　　　　 (Signature)

Advisor : 　　　　　　 (Signature)

**※ Attachment: 1 copy of transcripts.**

To UNIST President