**Application for Completion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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