**Application for Course Waiver Examination**

학점인정시험 신청서

(\_\_\_\_\_\_\_\_\_\_\_\_ Year, \_\_\_\_\_\_\_\_\_\_ Semester )

**■ Applicant’s Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dept. (Major) |  | Student ID No. |  | Student Name |  |

**■ Courses to be Waived**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Classification | Course No. | Course Title | Course Professor |
| Name | Signature |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* This form should be submitted to the Academic Registrar’s Team after obtaining signatures from the course professors you wish to take, your advisor and department head.

**I hereby apply for the Course Waiver Examination.**

|  |  |
| --- | --- |
| Confirmed by | Date(MM/DD/YY): |
| Advisor | Department Head | Applicant Name: Signature:  |
| Name |  |  |  |
| Signature |  |  |