**Request for Program Extension**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **Student ID** |  |
| **Department**  **(Major)** |  | | |
| **Degree Program** | 🗆 Master’s course 🗆 Combined M.S.-Ph.D. 🗆 Doctoral course | | |
| **Type of Scholarship** | 🗆 Government Scholarship(국비장학생) 🗆 UNIST Scholarship  🗆 Other Scholarship(일반장학생 또는 기타 장학생) | | |
| **Year/Semester**  **of Admission** | Ex) 2018 / 1st semester | **Currently**  **Enrolled Semester** | Ex) 14th semester |
| **Program**  **Extension** | 🗆 1 semester 🗆 2 semesters (1 year) | | |
| **Reason for Program Extension** (A separate sheet can be used.) | | | |
| **Academic Advisor’s Opinion** (A separate sheet can be used.) | | | |
| I hereby apply for the Program Extension as stated above.  mm/dd/yyyy                                             Applicant: (Signature)  Academic Advisor: (Signature)  Department Head: (Signature)  **To the President of UNIST** | | | |