**Request for Program Extension**

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| **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** |