**Application for Dropping of Degree Program**

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| **Student Name** |  | | **Student ID** |  |
| **Department**  **(Major)** |  | | | |
| **Change of**  **Degree Program** | **From** | Combined Master's-Doctoral Program | | |
| **To** | Master’s Program | | |
| **Reason for Change** (Write in detail.) | | | | |
| **Academic Advisor's Opinion** | | | | |
| **※ Related Regulations** (Students must read the followings.)  **Guidelines on the Change and Operation of Graduate School Programs, Article 13** **(Change of Degree Programs and Recognition of Credits in Graduate School) ②** In case that a student in the combined master's-doctoral program who exceeded 3 years which is attendance period of master's program cannot graduate within one semester after changing to master’s program, he or she shall be expelled.  **대학원 학사운영규정 제13조(대학원 과정변경 및 학점취득 인정) ②** 석사 재학연한 3년을 초과한 석ㆍ박사 통합과정 학생이 석사과정으로 중도포기를 하는 경우 석사과정으로 변경 후 한 학기 내에 졸업을 하지 못하면 제적된다. | | | | |
| I hereby agree with the related regulations above and  apply for ceasing of degree program as stated above.  mm/dd/yyyy                                             Applicant: (Signature)  Academic Advisor: (Signature)  Department Head: (Signature)  **To the President of UNIST** | | | | |