**Application for Dropping of Degree Program**

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| **Student Name** |  | | **Student ID** |  |
| **Department**  **(Major)** |  | | | |
| **Type of Scholarship** | 🗆 Government Scholarship(국비장학생) 🗆 UNIST Scholarship  🗆 Other Scholarship(일반장학생 또는 기타 장학생) | | | |
| **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 the case that a student in a combined master's-doctoral program who has exceeded three years, which is the attendance period of master's programs, cannot graduate within one semester after changing to a master's program, he or she shall be expelled.  **Guidelines on the Change and Operation of Graduate Programs, Article 9 (Measures for Dropouts from the Program)**  ① For any dropouts from the combined program or for those who ceased studying in the middle of the program, attendance in the combined program may be terminated after granting a master’s degree to those who satisfy the requirements for degree conferment under Article 29 of the UNIST Degree Conferment Regulations.  ③ If a student attends the combined program after changing from a master’s program as of the Spring semester of 2012, but completes the combined program with a master’s degree, any additional scholarship the student received under the doctoral program may be redeemed from the student.  **대학원 학사운영규정 제14조(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.  **대학원과정 과정변경 운영지침 제9조(과정 탈락자 등에 대한 조치)**  ① 통합과정 탈락자 및 중도포기자에 대해서는 학위수여규정 제29조의 학위수여 요건을 갖춘 학생에게 석사학위를 수여하고 통합과정 이수를 종결시킬 수 있다.  ③ 2012학년도 1학기 과정변경자부터 통합과정에 재학 중인 자가 석사학위를 수여하고 통합과정을 마칠 경우 박사과정생 적용을 통해 수령한 추가 장학금은 환수할 수 있다. | | | | |
| 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** | | | | |