**Application for Refund of tuition fee(Graduate School)**

|  |  |
| --- | --- |
| **Department** |  |
| **Degree** | □Master’s □Doctoral □Master’s & Doctoral Integrated |
| **Full Name** |  | **Student no.****(Application no.)** |  |
| **Contact no.** |  |
| **Bank account****for refund** | The account holder’s name( )Bank name( ) Account no.( ) ※Only refund applicant’s bank account available |
| **Refund policy** **of tuition fee** | **Refund Amount**1. Before beginning day of semester: Full refund of tuition fee2. Within 30 days after beginning day of semester: 5/6 refund of tuition fee3. After 30 days and before 60 days of beginning day of semester: 2/3 refund of tuition fee4. After 60 days and before 90 days of beginning day of semester: 1/2 refund of tuition fee5. After 90 days of beginning day of semester: No refund※After beginning of semester Admission fee and Optional fee will not be refunded※Only actual payment can be refund(not full tuition) |
| **Reason for** **refund** | **□Waiver of entrance □Leave of absence □Withdrawal from School****□Other( )** |

**◌ Consent to collection and usage of personal information**

|  |  |  |
| --- | --- | --- |
| **Items to Be Collected/Used** | **Purpose of Collection/Use** | **Retention/Use Period** |
| Department, degree, full name, student no., Application no., contact no., reason for refund, etc. | Proceeding and managing the process of Refund of tuition fee  | Until purposes of processing personal information are attained |
| □ I agree □ I do not agree |

※The data subject has a right to refuse consent and details of the disadvantages due to such refusal, if any.

I officially request the permission for refund of tuition fees according to rules of registration due to above reason.

(Date: YYYY.MM.DD.) . . .

(Name) (signature)

**To Dean of Graduate school**