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| **Application Form for****postponement of completion** |
| Course |  | Semester |  |
| Department |  | Student ID |  |
| Name |  | Phone |  |
| Grade earned | Total Credits earned  | Major ( )Research ( ) | The number of semesters to postpone  | ( ) semesters |
| Cumulative GPA |  |
| Reason of postponement(Concretely) |  |
| I hereby apply for postponement of completion of course of study and ask for your kind consideration and permission.  (year) (month) (day)  Applicant (Signature)Academic Advisor (Signature) |
| **To Dean of Graduate School** |