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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** | | | | |