**Application for Cancellation of Admission Registration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approval** | **Person-in-charge** | **Team leader** | **Dean** | **President** |
|  |  |  |  |

**1. Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Registration number** |  |
| **Intended Major** |  | **Intended Institution** |  |
| **Intended Degree Program** |  | **Contact No.** |  |
| **Application Semester** | **20 (Spring / Fall)** | **Type of Admission** | **□General □International** |

**2. Reason(s) for Cancellation of Admission Registration (Please describe specifically)**

|  |
| --- |
| □ Other graduate school entrance (university name : )  □ Employment (Name of Employment Agency : )  □ Other ( ) |

※ The reason for cancellation should be as specific as possible, and the information collected will be used only

as internal statistics

**I hereby submit the application for cancellation of admission registration due to the above-listed reasons.**

**3. Account for Entrance Fee Refund**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Bank** |  | **Account No.** |  | **Account holder** |  |

※ Note: Entrance Fee refund is available only if the applicant should be the account holder.

Date: YYYY/MM/DD

Applicant: (signature)

**To the President of University of Science & Technology**