**Application form for postponing payment**

**(for 2017 Fall semester’s new graduate students)**

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| --- | --- | --- | --- |
| Department |  | Course |  |
| Application No. |  | Name |  |
| Contact No. |  | Email |  |
| Address |  |
| Parents Name |  | Contact No.Of Parents |  |
| Date of Submission |  | Reason for postponing payment | Staying abroad during payment period. |
| Expected date of payment |  |

As a successful candidate of 2017 Fall semester, I would like to apply for the postponing payment because I will be abroad in the period of payment. (Aug. 1st ~ Aug. 3rd, 2017). Please confirm postponing payment.

Name : (signature)

To Dean of Graduate School.