|  |
| --- |
| **Application for postponement****of examination of Master/Doctoral degree thesis**▪ Course : ▪ Department : ▪ Student ID :▪ Name : ▪ Academic Advisor :▪ Title of Thesis· Korean : · English : I hereby ask for postponement of examination of Master/Doctoral degree thesis for semesters and command the student stated above to complement the contents of thesis like research and experiment as a result of thesis review and decision of thesis screening committee of semester in (year).\* Postponement of examination of thesis will be accepted only once for a semester or more. (year) (month) (day) Chairman of the screening committee : (Signature)**To Dean of Graduate school** |