**Application form for postponing payment**

**(for 2016 Fall semester’s new graduate students)**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 2016 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, 2016). Please confirm postponing payment.

Name : (signature)

To Dean of Graduate School.