**Application for Refund of tuition fee(Graduate School)**

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| --- | --- | --- | --- |
| **Department** |  | | |
| **Degree** | □Master’s □Doctoral □Master’s & Doctoral Integrated | | |
| **Full Name** |  | **Student no.**  **(Application no.)** |  |
| **Contact no.** |  | | |
| **Bank account**  **for refund** | The account holder’s name( )  Bank name( ) Account no.( )  ※Only refund applicant’s bank account available | | |
| **Refund policy**  **of tuition fee** | **Refund Amount**  1. Before beginning day of semester: Full refund of tuition fee  2. Within 30 days after beginning day of semester: 5/6 refund of tuition fee  3. After 30 days and before 60 days of beginning day of semester: 2/3 refund of tuition fee  4. After 60 days and before 90 days of beginning day of semester: 1/2 refund of tuition fee  5. After 90 days of beginning day of semester: No refund  ※After beginning of semester Admission fee and Optional fee will not be refunded  ※Only actual payment can be refund(not full tuition) | | |
| **Reason for**  **refund** | **□Waiver of entrance □Leave of absence □Withdrawal from School**  **□Other( )** | | |

**◌ Consent to collection and usage of personal information**

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| **Items to Be Collected/Used** | **Purpose of Collection/Use** | **Retention/Use Period** |
| Department, degree, full name, student no., Application no., contact no., reason for refund, etc. | Proceeding and managing the process of Refund of tuition fee | Until purposes of processing personal information are attained |
| □ I agree □ I do not agree | | |

※The data subject has a right to refuse consent and details of the disadvantages due to such refusal, if any.

I officially request the permission for refund of tuition fees according to rules of registration due to above reason.

(Date: YYYY.MM.DD.) . . .

(Name) (signature)

**To Dean of Graduate school**