

Confirmation Form for Faculty Advisor on a Student's Extra Semester

Student	Full Name		Nationality	
	Alien Registration Number		Degree Program (Bachelor, Master, PhD)	
	Program of Study (Major)		C.G.P.A	/
	Matriculation Date			
	Telephone		E-mail	

Reason for Extra Semester	
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I hereby confirm that the student above has not completed his/her courses of study due to failure to meet graduation requirements. Therefore, I request the Ministry of Justice to extend the student's permitted period of sojourn so that he/she can successfully obtain degree.

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Faculty Advisor	Job Title			
	Full Name	(Stamp or Signature)	Tel	
Administ ration	Job Title			
	Full Name	(Stamp or Signature)	Tel	

To. The Head of Chuncheon Immigration (Branch) Office