

Application for Withdrawal from Apartment							
퇴 거 원 서							
Department				Name			
Student No.				Gender/Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age _____
Entering Date				Apartment No.			
Contact After Withdrawal	Postal Code : Address : Phone : E-mail :						
Reason for Withdrawal				Expected Date of Withdrawal			
Bank				Bank Account No.			
Amount of Security Deposit	Won			Unpaid Utility Fee	Won		
The applicant requests approval for withdrawal from the apartment and reimbursement of the apartment security deposit.							
Date 20							
Applicant :				Seal/Signature			
Attention: Dean of Academic and Student Affairs/Gwangju Institute of Science and Technology							
* Checked by Apartment Manager	Gas	Electricity	Water	Damage	Key	Remarks	Wireless LAN ID
Approved by	Office of Academic and Student Affairs				Submitted to		
	Staff	Manager	Dean				

* Before you submit this form, please have it signed by the Apartment manager.