Course Registration Request 수 강 신 청 서						
Department			Student No.		Name	
Type of Student	Government Sponsored  GIST Sponsored  Industry Sponsored		Contact Address/ Phone	Postal Code: Address: Telephone Number:		
Courses						
No.	Crs. Type	Crs. Code	Title	Credit	Advisor	Remarks
					Seal	
					Seal	
					Seal	
					Seal	
					Seal	
					Seal	
					Seal	
					Seal	
		No. of Courses		Total No. of Credits		
	The applic	cant requests	registration	to the above	courses.	
			Date Applican		 Signatur	re
Approved by	15 credits with the approval of the advisor.					