

## Confirmation Form for Faculty Advisor on a Student's Additional Semester Schedule (Undergraduate)

<b>Student</b>	Full Name		Nationality	
	Alien Registration Number		Degree Program (Bachelor, Master, PhD)	Bachelor
	Program of Study (Major)		C.G.P.A	/4.5
	Matriculation Date		Student ID No.	
	Telephone		E-mail	
<b>Additional Semester Schedule</b>	<b>Date</b>	<b>Guidance Remarks</b> (Specify the reason for registration of the additional semester, expected graduation date, and future study plans)		
	<b>Study Plan</b>			

The above student is currently enrolled in an undergraduate course at Hanyang University and has completed \_\_\_ semesters, and needs to complete additional semesters for reasons as follow (extension of study/ language requirement unmet/ department graduation regulation unmet). In order to satisfy the graduation requirements, please allow the extension of the period of sojourn so that the student can stay in Korea and continue his/her studies.

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<b>Faculty Advisor</b>	Job Title			
	Full Name	(Stamp or Signature)	Tel	
<b>Administration</b>	Job Title			
	Full Name	(Stamp or Signature)	Tel	

To. The Head of Seoul Immigration (Branch) Office