**Waiver Request for Returning of the Benefit Payment**

**수혜경비상환면제원**

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| --- | --- | --- | --- |
| Person in Charge | Team Leader | Dean | President |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Student Name |  | Degree |  | | Dept.(Major) |  |
| Student Classification |  | Date of Admission  (MM/DD/YY) |  | | Date of Graduation  (MM/DD/YY) |  |
| Amount to be Repaid | ￦ | Reason(s) for Return |  | | | |
| Repayment Due Date | (MM/DD/YY) | | | | | |
| Amount Previously Repaid | ￦ | | Balance  Due | ￦ | | |
| Waiver Details | Partial Waiver Full Waiver | | | | | |
| Reason(s)  (in detail) |  | | | | | |
| I hereby request approval of this waiver for repayment of benefit payment.  Date(MM/DD/YY):  Applicant Name:Signature:  **To the President of KAIST** | | | | | | |

※ Attach a copy of your documentary evidence.

과기서121(21.0cmX29.7cm)