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

**수혜경비상환면제원**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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  | ￦ | BalanceDue | ￦ |
| 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)