K	AIST	Request form for Refunding Tuition fees
⊚ PER	SONAL INFORM	ΙΑΠΌΝ
DEGREE PROGRAM (BS/MS/PhD/MS+PhD)		
DEPARTMENT		
STUDENT ID		
NAME		
◎ REF	UND INFORMAT	TON
BANK INFO	BANK NAME	
	ACCOUNT NO	
	ACCOUNT HOLDER'S NAME	
AMOUNT REFUNDABLE		
REASON FOR REFUND		
	I	cordially ask to receive tuition fees paid.
DATE:		
APPLICANT: (SIGNATURE)		

※ Please submit a copy of bankbook with this form to the Team of Academic Registrar's.

[Email: registrar@kaist.ac.kr or Fax: 042-350-2360]