

학적 조회 동의서

Official Authorization for Inquiry into Enrollment and Academic Credit

Office of International Affairs, Kyung Hee University, 1 Seocheon-dong, Giheung-gu, Yongin-si, Gyeonggi-do 446-701, Korea Tel) +82-31-201-3177 Fax) +82-31-201-3179

Date: _____
(mm/dd/yyyy)

To whom it may concern:

I attended _____ from _____ to _____
(school name) (mm/dd/yyyy) (mm/dd/yyyy)

I have applied to **Kyung Hee University** in Korea for 2008 academic year and I agree that **Kyung Hee University** can rightfully make a request to you for my school records.

In this regards, I would like to ask you to provide full assistance to **Kyung Hee University** when they contact you regarding verification of enrollment and transcript.

영문 성명 (Legal Name in English): _____
Enter name exactly as it appears on passports or other official documents. Last/Family First Middle (if any)

국적 (Nationality): _____ 생년월일 (Date of Birth): _____
mm/dd/yyyy

고등학교주소 (High School Address): _____
Number and Street

_____ City or Town Country Zip Code

전화번호 (Phone Number): _____ 팩스번호 (Fax Number): _____
(Area Code) Number (Area Code) Number

전자메일 (Email Address): _____

입학지원서 및 구비서류상의 모든 내용이 사실임을 확인합니다.

I certify that all information in my application and the required documents is correct and factually true.

Signature

Date