

학적 조회 동의서

Agreement Form for Academic Verification

To whom it may concern:

I have applied for Master's Degree Program at the Graduate School of International Studies, Ajou University in Korea. Therefore, I hereby authorize the university that I have attended to release my academic information upon Ajou University's request.

Full Name :

(Signature)

Date of Birth (yyyy/mm/dd) :

Academic Information

Information on the Bachelor's certificate issued university

•University Address: [Zip Code] : _____

•University E-mail Address: _____

•University Phone Number: _____

(Country code)-(area code)-(number)

•University Fax Number: _____

(Bachelor's Certificate issued University) Administrative Officer Information

•Authorized Officer: (Name) _____

(Position) _____

(Email) _____

(Phone Number) _____

