학적 조회 동의서

Agreement form for academic verification

|  |
| --- |
| To whom it may concern:I have applied for **Fall 2020** **Admission** for 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:   |
| **University Administrative Officer Information** |
| •Authorized Officer: (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (Position)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_ (Email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ (Phone Number)  |