학적 조회 동의서

Agreement form for academic verification

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| 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) |