

# 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) : \_\_\_\_\_

Application Registration Number : \_\_\_\_\_

### 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) \_\_\_\_\_

