

학력 조회 동의서

Official Agreement for Enrollment and Academic Credits

- School Name :
- School Address :
- School E-mail Address :

To whom it may concern :

I have applied to Kangnam University in Korea for 2021 academic year and agreed that this university could officially request my academic records from previously attended schools.

In this regard, I would like to request your full cooperation to Kangnam University when they contact you regarding the verification of enrollment and transcripts.

Sincerely yours, (name) _____
(Signature) _____

- Student Name : _____
- Student ID Number : _____
- Date of Birth : ____ - ____ - ____ (mm-dd-yyyy)
- Date of Admission(transfer) : ____ - ____ - ____ (mm-dd-yyyy)
- Date of Graduation(withdrawal) : ____ - ____ - ____ (mm-dd-yyyy)

KANGNAM UNIVERSITY



Address: 40, Gangnam-ro, Giheung-gu, Yongin-si, Gyeonggi-do, Republic of Korea
(Gugal-dong 111) Kangnam University (16979)
TEL: +82 31 280 3500 / FAX: +82 31 281 3604
Web Site : www.kangnam.ac.kr