

학력 조회 동의서

Official Authorization for Inquiry into Enrollment and Academic Credit

Date :

To whom it may concern:

I attended _____ from _____ to _____.

(school name)

(yyyy/mm/dd)

(yyyy/mm/dd)

I seek admission to Kyung Hee University in Korea for the 2025 academic year. Therefore, I hereby authorize all the institutions I attended previously to release my academic records to Kyung Hee University upon request.

Legal Name in English : _____ (Signature)

Nationality : _____

Date of Birth : _____ / _____ / _____
(Year) (Month) (Day)

School Address : [ZipCode] _____

School E-mail Address : _____

School Phone Number : _____

School Fax Number : _____

※ School information above should include most recently attended high school (if Freshman), or college (if Transfer).