[서식 2] Form 2

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 2027 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).