

2023 Spring

CONSENT FORM OF ACADEMIC INQUIRY (학력조회동의서)



SUNGKYUNKWAN UNIVERSITY

Office of Graduate School Affairs
25-2, Sungkyunkwan-ro, Jongno-gu, Seoul, Korea

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※Applicants should fill in the blanks marked with * in English only

To Whom It May Concern:

This letter is to confirm that I graduated from (*Name of your graduated school _____).

I have applied to Sungkyunkwan University in Seoul, Korea for the *2023 academic year and have agreed to allow Sungkyunkwan University to officially request my academic records from the schools I graduated from.

In this regard, I would like to request your full assistance when the University's Office of International Student Services contacts you regarding verification of enrollment and transcripts.

Enrolled Name: * _____

Student ID Number: * _____

Date of Birth: * _____

Date of Admission (transfer): * _____

Date of Graduation (withdrawal): * _____

(*Information at the graduated school)

Sincerely,

* _____
Signature

* (month) - (day) - _____
Date

※일자 표기 예시 (Example)

10 - 10 - 2022
(월:Month) (일:Day) (년:Year)