

# Sungshin Women's University

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Name of Institution (학교명) : \*  
Address (학교주소) : \*  
Tel : \* Fax : \* E-mail : \*  
Name of Student (학생성명) : \* Date of Birth (생년월일) : \*  
Date of Admission (입학날짜) : \* Date of Graduation/Withdrawal (졸업날짜): \*

To whom it may concern :

We are pleased to have the following individual, (\*), your alumni/alumnae or a current student,  
studying here at Sungshin Women's University. (학생성명)

Please examine the enrollment record above, complete the verification report below and return it to us.  
Do not separate the verification report portion as the form is required to be returned in its entirety. You  
could either fax (through the above fax number) or mail it to us. Your answers are appreciated and will  
be held in strict confidence.

Thank you in advance for your cooperation. If you have any question, please do not hesitate to email me.  
We look forward to hearing from you soon.

Sincerely yours,

Prof.  
Dean of Admissions  
Sungshin Women's University

## LETTER OF AGREEMENT

To whom it may concern :

I have applied to Sungshin Women's University in Seoul, Korea for the 2020 academic year and have  
agreed to allow Sungshin Women's University to officially request for my academic records.  
In this regard, I would like to request your full assistance to Sungshin Women's University in providing the  
requested information.

Name (학생성명) : \*  
Date of birth (생년월일) : \* Signature (서명) : \*

## VERIFICATION REPORT

Accuracy of above enrollment record : Correct ☐ Incorrect ☐  
Additional comments :

Name : Title : Signature

- Signature (서명) 부분은 반드시 출력 후 자필로 작성
- 영어 또는 학교 소재지의 해당 언어로 작성
- \* 표시된 부분만 기재