

- * 표시된 부분만 기재, **Signature(서명)** 부분은 반드시 출력 후 자필로 작성
- 지원자격에 해당하는 기간 중 재학한 모든 해외 소재 학교에 대해 학교별 1장씩 작성
- 영어 또는 학교 소재지의 해당 언어로 작성

Sungshin Women's University

(02844) 2, Bomun-ro 34da-gil, Seongbuk-gu, Seoul, Korea

Tel: +82-2-920-2000
 Fax: +82-2-920-2013
 http://www.sungshin.ac.kr
 E-mail: admissions@sungshin.ac.kr

Name of School:(학교명) _____

Address:(학교주소) * _____

Tel: * _____ **Fax:** * _____ **E-mail:** * _____

Name of Student: * _____ **Date of Birth:** * _____

Date of Admission: * _____ **Date of Graduation/Withdrawal:** * _____

To whom it may concern:

(학생성명)

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

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 2023 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 of Student: * _____

Date of Birth: * _____ **Signature:(서명)** * _____

VERIFICATION REPORT

Accuracy of above enrollment record: Correct Incorrect

Additional comments:

Name: _____ **Title:** _____ **Signature:** _____