- <u>*</u>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:(학교 Nddroop:/항고조사 *	교명)	
Address:(학교주소) <u>*</u> 「el: *	Fax: *	E-mail: *
Name of Student:		Date of Birth: *
Date of Admission:		Date of Graduation/Withdrawal: *
_		
To whom it may	concern:	
		(학생성명)
•	to have the following individual,	7. 3
a current student	, studying here at Sungshin Wo	omen's University.
Please examine	the enrollment record above co	omplete the verification report below and return it to
		rtion 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.		
email me. We loo	ok forward to hearing from you	soon.
Sincerely yours,		
Circorory yours,		
		Prof.
		Dean of Admissions
		Sungshin Women's University
ETTER OF AGRI	EEMENT	
To whom it may	concern:	
• •	-	y in Seoul, Korea for the 2024 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 requ	uested information.	
Name of Student: *	k	
	k	Signature:(서명) *
_		1.
/ERIFICATION RE	EPORT	
Accuracy of abov	ve enrollment record: Correct	ct Incorrect
Additional comme	ents:	
VI	T M -	Olama at a second
vame:	Title:	Signature: