

Fall/Spring- 20__

LETTER OF REQUEST(학력조회 의뢰서)

No.



SUNGKYUNKWAN UNIVERSITY

Admissions Office
25-2, Sungkyunkwan-ro, Jongno-gu, Seoul, Korea

Tel: +82-2-760-1352~7
Fax: +82-2-760-1350
<http://www.skku.edu>

Date : _____ (dd/mm/yyyy)

School Name : ✿(해외학교공식명칭) _____

Address : ✿(해외학교주소-담당부서) _____

Zip code : ✿ _____

Tel: ✿ _____

Fax: ✿ _____

E-mail : ✿(해외학교 학력조회담당자) _____

Student Name : ✿(해외학교에 등록된 이름) _____

Student Id Number: ✿(해외학교에 등록된 학번) _____

Subject: Requesting Student Information

Dear Sir or madam,

The above applicant has submitted educational documents issued by your institution to our university. We ask you to verify the accuracy and authenticity of the enclosed documents. We need your confirmation about his/her graduation, major field, and the date of Graduation. Please complete below and return this document to our office. You can respond via fax or mail.

Thank you for your cooperation. We look forward to hearing from you soon.

Sincerely,

Vice President of Admissions _____

Questions to verify student information

Student's name: _____

Degree: _____

Major: _____

Date conferred: _____

Name of institution: _____

Signature of University Official _____

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To whom it may concern:

This letter is to confirm that I attended (* Name of school).

I have applied to Sungkyunkwan University in Seoul, Korea for the * 20__ academic year and have agreed to allow Sungkyunkwan University to officially request my academic records from the schools I previously attended.

In this regard, I would like to request your full assistance when the University Admissions Office contact you regarding verification of enrollment and transcripts.

Enrolled Name: * _____

Student ID Number: * _____

Date of birth: * _____

Date of admission (transfer): * _____

Date of graduation (withdrawal): * _____

Sincerely yours,

* _____

* (월) - (일) - (년) 20

Signature

Date

※일자 표기(Example)

(월) - (일) - (년) 20

※Applicants should write on the lines marked by *

(월: Month) (일: Day) (년: Year)