SOOKMYUNG WOMEN'S UNIVERSITY
100, CHEONGPA-RO 47-GIL, YONGSAN-GU, SEOUL, 04310, KOREA

Office of International Affairs
Sookmyung Women's University

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□ Date :
□ School Name : *외국학교 공식명칭 : 영문 또는 재학국언어
□ School Address : *외국학교 주소: 영문 또는 재학국 언어

Subject : Request for Student Information

To Whom It May Concern:

*(외국학교에 등록된 본인이름, Name)

We are pleased to have the following individual, (_____), who studied at your school. Your answers to the following questions are appreciated and will be held in strict confidence. For your reference, the student's Letter of Agreement is below.

If possible, a response from your office by E-mail will greatly help to expedite our processing of this individual's application. Thank you in advance.

Sincerely yours,

Joon Seok Oh, Ph.D.

Dean, Office of External Affairs
Professor, Department of Business Administration
Sookmyung Women's University

LETTER OF AGREEMENT

Degree Certificate No.	
School Phone Number	
School Fax Number	
Name of Staff in Charge of Verification	
Email Address of the Staff	

To whom it may concern :

I have applied to Sookmyung Women's University in Seoul, Korea for the 2020 academic year. In this regard, I would like to request your full assistance to Sookmyung Women's University when they contact you regarding verification of enrollment and transcripts.

Written by Applicant (지원자 기록)	Verified by previously attended school (외국학교 담당자 기록)
Graduated degree	□Undergraduate(B.A.) □ Gradaute(M.A.)
Date of Admission (MM/DD/YY) * - -	□ Correct □ Incorrect *Please check V sign on the corresponding box.
Duration of school study (DD/MM/YY~DD/MM/YY) * - - ~ - -	□ Correct □ Incorrect *Please check V sign on the corresponding box.
Date of Birth (MM/DD/YY) * - - Name in full and Signature *	Additional comments : Name and Title : Signature: School Stamp:
Date * - -	

※ 지원자는 재학한 외국학교 수만큼 본 양식을 별도로 작성하여 제출하되 * 표시된 부분에 대해서만 기재하시면 됩니다.
※ 일자 표기 Example) 09/ 01 /19 (월:MM / 일:DD /년:YY)