

LETTER OF CONSENT(학력조회동의서)

| 수험번호 | |
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International Undergraduate Admissions Team, Yonsei University 50 Yonsei—ro, Seodaemoon—gu, Seoul 03722, Korea

http://iadmission.yonsei.ac.kr iadms@yonsei.ac.kr +82-2-2123-3225

Release of Information Form

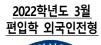
By making application for transfer to Undergraduate Programs of Yonsei University, I hereby authorize administrator or other persons to confer with others to obtain and verify my credentials and qualifications as a provider.

I release from any and all liability all organizations or individuals who act in good faith and without malice to provide the above information.

I consent to the release by any person to other institutions of all information that may be relevant to an evaluation of my credentials and qualifications and hereby release any such person providing such information of any and all liability.

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| Name(지원자 성명) : | |
|---------------------------|--|
| Date of Birth(지원자 생년월일) : | |
| Signature(지원자 서명) : | |



LETTER OF REQUEST(학력조회의뢰서)

| 수험번호 | |
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※ 해외 대학교 출신자에 한하여 작성 / '지원자 작성란'만 기재하여 제출합니다.

Student's Education Record[지원자 작성란, Student's Section]

| Student's Name | | |
|--|-------------------------|---|
| Date of Birth (yyyy/mm/dd) | | |
| Sex (Male, Female) | | |
| Name of School(Campus) | | |
| School Phone No. | | |
| School Address | | |
| Period of Enrollment (yyyy/mm/dd ~ yyyy/mm/dd) | | |
| Date of Graduation□ / Transfer□ | | |
| ★ Attachments: Letter of Consent, Official trans- | cript(s) | |
| [해외대학교 학적담당자 작성란, Verifier/F Kindly verify the above student information in Yonsei University[by air-mail/email attachment | the box below, as | ion] nd please return to International Undergraduate Admissions Tean |
| Verification | | Tick ☑ & Remark |
| 1. Basic Information (Name, DOB, Sex, School Info.) | Correct □ Incorrect □ (|) |
| 2. Period of Enrollment | Correct □ Incorrect □ (|) |
| 3. Date of Graduation□/Transfer□ | Correct □ Incorrect □ (|) |
| 4. Descriptions in Transcript(s) | Correct □ Incorrect □ (|) |
| Certified by | | |
| Name & Position: | | |
| Signature: | | |
| Affiliation: | | |
| Tel: | | |
| Fax: | | |
| Email: | | |
| Date: | | |
| Comment: | | |