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Republic of Korea Tel: +82-53-810-7884 Fax: +82-53-813-4702

\* All the blanks should be completed by the applicant.

## Agreement for Academic Records Verification

To whom it may concern:

I am applying for the Undergraduate Program of Yeungnam University, Korea for the academic year of Fall, 2023, and I hereby agree that Yeungnam University shall rightfully make a request to the institution that I have previously attended in order to verify my academic records.

In this regard, I would like to cordially ask you to provide Yeungnam University with full assistance in verifying my academic records.

저는 2023학년도 2학기 영남대학교 학부과정에 지원하며, 영남대학교가 저의 학적 확인하는 것에 동의합니다. 이와 관련하여, 영남대학교에서 저의 학적 확인 요청 시 협조하여 주시기 바랍니다.

Applicant's Name	
Signature:	Date:
* Applicant's Information (지원자 정보)	
Name in Full 성명:	
Date of Birth 생년월일:	(Year/Month/Date)
Name of Institution/Country 최종학교명/국가:	
Date of Admission(or Transfer) 입학(편입)일자:	(Year/Month/Date)
Date of Graduation 졸업일자:	(Year/Month/Date)
* Registrar Information of the Institution (최종학교 학적	담당자 정보)
<u>Address (in English)</u> 영문주소:	
Phone 전화번호:	Fax 팩스:
E-mail of the Registrar 학적 담당자 이메일:	