



경희사이버대학교
KYUNG HEE CYBER UNIVERSITY

학적 조회 동의서

Official Agreement for Enrollment and Academic Credits

Date : 20

To whom it may concern :

I attend (_____) from (_____) to (_____).
(school name) (date) (date)

I have applied to Kyung Hee Cyber University in Seoul, Korea for 2019 academic year and I agree that Kyung Hee Cyber University could rightfully make a request to you for my school records.

In this regard, I would like to ask you to provide your full assistance to Kyung Hee Cyber University when they contact you regarding verification of enrollment and transcript.

Full Name : (_____) (Signature) (_____)

Date of birth : (_____) / (_____) / (_____)
(month) (day) (year)

(College/University) Address : (_____)

(College/University) E-mail Address : (_____)

Department of Admission, Kyung Hee Cyber University

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