



# 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 2017 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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