

학적 조희 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 2020 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 : _____

■ Consent for collecting personal information

| Purpose | Collection items | Retention period | related Law |
|----------------------|---|------------------|---|
| Admission Management | Name, Date of birth, Academic history, School information | 10years | Article 15, Personal Information Protection Act |

※ You have the right to refuse consent to the collection and use of personal information as described above. However, if you deny your consent, you may be restricted from submitting your application.

Consent for collecting personal information

Yes

No

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Kyungheede-a-ro 26, Dongdaemun-gu, Seoul, Korea 02447