KU KONKUK UNIVERSITY

학적조회동의/확인서(学历查询同意/确认书)
(Letter of Consent for Academic Background Check)
120 Neungdong-ro, Gwangjin-gu, Seoul, Republic of Korea (ZIP code: 05029)
Tel: 82-2-2049-6202/8, Fax: 82-2-2049-6214, e-mail: uadmissions@konkuk.ac.kr

School Name : (English) ABC High School
: (Native Language) ABC 고등학교

School Address : (English) ABC High School 120 gana-ro, dara-gu, Seoul
: (Native Language) 서울특별시 다라구 가나로 120 ABC 고등학교

School Email: abchigh@gmail.com   **School Tel** : 02-2345-6789 **School Fax** : 82-2-1234-5678

To whom it may concern:

We are pleased to have the following individual, (**Hong Gil Dong**), who was a student of your school, study here at **Konkuk University**, Seoul, Republic of Korea. We ask you to examine the enrollment records below, complete the attached **Verification Report**, and return it to our office **by postal mail, fax or email (scan).** Your cooperation is greatly appreciated and your answers will be held in complete confidentiality. For your reference, the student's **Letter of Consent** is below.

Thank you for your cooperation. We look forward to hearing from you soon.

Sincerely,

Office of International Affairs

<Letter of Consent>

To whom it may concern:

I have applied to **Konkuk University** in Seoul, Republic of Korea for the **Spring semester of 2025**. I ask you to render your full cooperation to **Konkuk University** when it contacts you regarding verification of enrollment and transcripts.

Name: **Hong Gil Dong** Date of Birth(yyyy/mm/dd): 1998/01/01 Signature :

<Verification Report>

Written by Applicant	Written by Previous School	
Date of Admission: 2013/03/01 (yyyy/mm/dd)	☐ Correct	☐ Incorrect
Date of Graduation : 2016/02/28 (yyyy/mm/dd)	☐ Correct	☐ Incorrect
◼ Name : ◼ Job Title : ◼ Tel : ◼ Date :		

※ Applicants should fill out everything except the area in gray.(报名学生除灰色部分外必须填写所有空格。)

학적조회동의/확인서(学历查询同意/确认书)
(Letter of Consent for Academic Background Check)
120 Neungdong-ro, Gwangjin-gu, Seoul, Republic of Korea (ZIP code: 05029)
Tel: 82-2-2049-6202/8, Fax: 82-2-2049-6214, e-mail: uadmissions@konkuk.ac.kr

School Name : (English)_____

: (Native Language)_____

School Address : (English)_____

: (Native Language)_____

School Email: _____ **School Tel** : _____ **School Fax** : _____

To whom it may concern:

We are pleased to have the following individual, (_____), who was a student of your school, study here at **Konkuk University**, Seoul, Republic of Korea. We ask you to examine the enrollment records below, complete the attached **Verification Report**, and return it to our office **by postal mail, fax or email (scan).** Your cooperation is greatly appreciated and your answers will be held in complete confidentiality. For your reference, the student's **Letter of Consent** is below.

Thank you for your cooperation. We look forward to hearing from you soon.

Sincerely,

Office of International Affairs

<Letter of Consent>

To whom it may concern:

I have applied to **Konkuk University** in Seoul, Republic of Korea for the **Spring semester of 2025**. I ask you to render your full cooperation to **Konkuk University** when it contacts you regarding verification of enrollment and transcripts.

Name: _____ Date of Birth(yyyy/mm/dd): _____ Signature : _____

<Verification Report>

Written by Applicant	Written by Previous School	
Date of Admission: _____ (yyyy/mm/dd)	☐ Correct	☐ Incorrect
Date of Graduation : _____ (yyyy/mm/dd)	☐ Correct	☐ Incorrect
◉ Name : ◉ Job Title : ◉ Tel : ◉ Date :		

※ Applicants should fill out everything except the area in gray.(报名学生除灰色部分外必须填写所有空格。)