

LETTER OF CONSENT(학력조회동의서)



Seoul Women's University Graduate School

621 Hwarang-ro, Nowon-gu, Seoul, 01797, Republic of Korea
(TEL:82-2-970-5153, FAX:82-2-970-5158, E-mail:grd@swu.ac.kr)

To whom it may concern :

This letter is to confirm that I attended (*Name of school_____).

I have applied to Graduate School of Seoul Women's University in Seoul, Korea for the 2025 academic year and have agreed to allow Graduate School of Seoul Women's University to officially request my academic records from previously attended schools.

In this regard, I would like to request your full assistance when they contact you regarding verification of enrollment and transcripts.

Enrolled Name: * _____

Student ID Number: * _____

Date of birth(YYYY/MM/DD): * _____

Date of admission(YYYY/MM/DD): * _____

Date of graduation(YYYY/MM/DD): * _____

Sincerely yours,

*

Signature

*

Date(YYYY/MM/DD)

※Applicants should write on the lines marked by *

LETTER OF REQUEST(학력조회의뢰서)



Seoul Women's University Graduate School

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(TEL:82-2-970-5153, FAX:82-2-970-5158, E-mail:grd@swu.ac.kr)

Date(YYYY/MM/DD):

School Name:

Address:

Zip code:

Tel:

Fax:

E-mail:

Student Name:

Student ID Number:

Subject : Requesting Student Information

Dear Sir or madam,

The above applicant has submitted educational documents issued by your institution to our university. We request you to verify the accuracy and authenticity of the copies of the enclosed documents. Please respond via fax or email.

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

Sincerely,

Dean of Seoul Women's University Graduate School _____

Questions to verify student information

Student's name: _____

Degree: _____

Major: _____

Date conferred: _____

Name of institution: _____

Signature of University Official _____