



Graduate School of Keimyung University

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학력조회 동의서 Consent for Release of Personal Information Form

※ 외국대학에서 수학한 지원자는 필수로 제출하시기 바랍니다. This form is mandatory for applicants who graduated from college or university in foreign countries.

Applicant Information 지원자 정보

Name of Applicant 성명	
Date of Birth 생년월일	
Student ID Number 출신대학에 등록된 학번	
Name of Degree 취득학위	
Department and Major 전공	
Date of (Expected) Graduation 졸업(예정) 일자	

Institution Information to Request Release of Academic Records 학력조회 요청 학교 정보

Name of Institution Graduated 출신학교 명	
Office in Charge of Student Records 학력조회 담당부서	
Address of Institution Graduated 학교주소	
Phone/Fax No. 담당자 연락처/팩스번호	
E-mail of staff in charge 담당자 이메일	
Web site of Institution Graduated 홈페이지 주소	

By signing this form, I am giving my consent and hereby authorize Graduate School, Keimyung University to verify my degree and academic records.

The information you provide will be used only for the purpose of degree verification.

Thank you for your assistance.

Date _____ / _____ / _____
 월MM 일DD 년YYYY

Applicant's Name _____ (Signature)