

학력 조회 동의서

Education verification consent form

성명 Name :

지원 모집단위 Desired Major :

교육과정 Academic Background	학교명 Name of School	학교주소 School Address	전화번호 Tel 팩스번호 Fax	학위번호 Registered Number
고등학교 High School	영문 English			
	자국어 Native Language			
대학 University, College (if any)	영문 English			
	자국어 Native Language			

※ College information is only for transfer applicants.

※ Tel and fax number must include country and regional calling codes.

※ Applicants must correctly fill out the above information in order to properly investigate their education background.

본인은 귀교에서 공식적으로 본인의 학력 자료를 조회하는데 이의가 없음을 동의합니다.

I hereby authorize that Gangneung-Wonju National University could officially request my academic and personal information from each academic institution I have attended, in connection with the admission process.

2025년(Year) 월(Month) 일(Day)

지원자 성명(Name of Applicant)

서명(Signature)

국립강릉원주대학교총장 귀하(To the President of Gangneung-Wonju National University)