

SIGNED CONSENT FORM

By signing this form, I voluntarily give my permission to the verification of my degree information/enrollment and hereby authorize The Graduate School of Business Administration, Kyung Hee University to perform this service.

Name : _____
Given Name Family Name

Date of Birth : _____
mm / dd / yyyy

구분	내용(Please write in English only)
1. 성(Family Name)	
2. 이름(Given Name)	
3. 생년월일(Date of Birth)	
4. 입학일자(Date of Admission)	
5. 졸업일자(Date of Graduation)	
6. 전공 및 학위명 (Major and Degree)	
7. 최종졸업 대학명 (University Name)	
8. 졸업대학 학적담당부서 주소 (Address of Academic Affairs Office)	
9. 졸업대학 학적담당부서 e메일 주소 (E-mail of Academic Affairs Office)	
10. 졸업대학 학적담당부서 전화번호 (Tel. of Academic Affairs Office)	
11. 졸업대학 학적담당부서 팩스번호 (Fax. of Academic Affairs Office)	

Signature

Date(mm/dd/yyyy)



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