


Signed Consent Form (학위조회동의서)

By signing this form, I am giving my agreement and hereby authorize the NRF(National Research Foundation of Korea) to verify my degree/enrollment records.

Please indicate accuracy of the information below. If necessary, include corrections/notes.					
• Applicant's Information					
Completed by the applicant				Verification (To be completed by the Institution)	
Name : _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Given name Family name </div>				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Date of birth : _____ <div style="text-align: center;">MM-DD-YYYY</div>				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Student ID No. : _____				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Date of admission(transfer date from other institution) : <div style="text-align: center;">_____</div> <div style="text-align: center;">MM-DD-YYYY</div>				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Date of graduation : _____ <div style="text-align: center;">MM-DD-YYYY</div>				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Degree in (major) : _____				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Degree : <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Ph. D				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Title of Thesis: _____				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Date of Degree Conferment(registered): <div style="text-align: center;">_____</div> <div style="text-align: center;">MM-DD-YYYY</div>				<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
Applicant's Signature: _____ Date: _____ <div style="text-align: center;">MM-DD-YYYY</div>				Additional comments(if any) :	
• Respondent's Information					
Name of Organization					
Address					
Telephone		FAX	e-mail		
Date: _____ <div style="text-align: center;">MM-DD-YYYY</div>					<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> official SEAL
Name and title of position :					
Signature : _____					
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> 한국연구재단 National Research Foundation of Korea 25 Heolleungno, Seocho-gu, Seoul, Korea 137-748 Phone: FAX: </div> <div> The information you provide will be kept in strict confidence and will be used only for the purpose of degree inquiry. Please do not hesitate in contacting NRF for any questions. Thank you for your assistance. </div> </div>					

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 한국연구재단
National Research Foundation of Korea
25 Heolleungno, Seocho-gu, Seoul, Korea 137-748
Phone: FAX:

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※Signed Consent Form 公文

1.请填写Signed Consent Form左上角的Completed by the applicant下端部分。（Applicant's signature是同意使用个人信息的签名，所以必须本人亲笔签名。）其余部分是相关机关（取得学位大学）填写的部分，请发送至空栏。