


Signed Consent Form (학위 조회 동의서)

By signing this form, I give my permission for the release of my degree/enrollment records. I hereby authorize you to provide full assistance to SUN MOON University when SUN MOON University requests to verify my records.

Please indicate accuracy of the information on the left box. If necessary, include corrections/notes.					
• Applicant's Information					
Completed by the applicant			Verification (To be completed by the Institution)		
Name: _____ Given name Family name			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
Date of birth: _____ MM-DD-YYYY			<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): _____ MM-DD-YYYY			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
Date of graduation _____ MM-DD-YYYY			<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): _____ MM-DD-YYYY			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
Applicant's Signature: _____			Additional comments(if any) :		
Date: _____ MM-DD-YYYY					
• Respondent's Information					
Name of Organization	_____				
Address	_____				
Telephone		FAX		e-mail	
Date: _____ MM-DD-YYYY					
Name and title of position:	_____				
	Signature: _____				



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※Please insert bold quadrangle