## 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: Given name Family name	☐ Correct ☐ Incorrect
Date of birth:	☐ Correct ☐ Incorrect
Student ID No.:	☐ Correct ☐ Incorrect
Date of admission(transfer date from other institution):  MM-DD-YYYY	☐ Correct ☐ Incorrect
Date of graduation  MM-DD-YYYY	☐ Correct ☐ Incorrect
Degree in (major):	☐ Correct ☐ Incorrect
Degree: Bachelor Master Ph. D	☐ Correct ☐ Incorrect
Title of Thesis:	☐ Correct ☐ Incorrect
Date of Degree Conferment(registered):  MM-DD-YYYY	☐ Correct ☐ Incorrect
Applicant's Signature:	Additional comments(if any) :
Date:	빨간 박스 안 내용만 작성
Respondent's Information	
Name of Organization	
Address	
Telephone FAX	e-mail
Date:	
MM-DD-YYYY	official
Name and title of position:	SEAL
Signature:	
한국연구제단 National Research Foundation of Korea 25 Heolleungno, Seocho-gu, Seoul, Korea 137-748 Phone: FAX:	
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.	