**Agreement Letter for Educational Background Verification**

By signing this form, I voluntarily give my permission to the verification of my degree information/enrollment and hereby authorize the Graduate School of Soonchunhyang University to perform this service

**1. Applicant information**

|  |  |
| --- | --- |
| Name | Family/Given: |
| Date of Birth | *MM.DD.YYYY* |
| Applying Department | *Stem cell* |

**2. Academic Information**

|  |  |
| --- | --- |
| Name of Institution Graduated |  |
| Address of Institution Graduated |  |
| Name of Degree | *Bachelor Degree* |
| Major and Degree | *Bachelor of* *Biology* |
| Date of Admission | *MM.DD.YYYY* |
| Date of (Expected) Graduation | *MM.DD.YYYY* |
| Website of Institution Graduated |  |

**3. Institution Information to Request RELEASE OF ACADEMIC INFORMATION**

|  |  |
| --- | --- |
| Office in Charge |  |
| Name of Staff in Charge | *Person in charge of* *school**affairs* |
| Phone/Fax No. of Staff in Charge |  |
| E-mail of Staff in Charge |  |

Year Month Day

Applicant's Name: (Signature)

**President of Soonchunhyang University**