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: _____ MM-DD-YYYY	☐ **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: _____ **Date:** _____ **MM-DD-YYYY**	Additional comments(if any) : **Just fill out the part in the red box**

- **Respondent's Information**

Name of Organization					
Address					
Telephone		**FAX**		**e-mail**	

Date: _____
MM-DD-YYYY

Name and title of position:

Signature: _____

official SEAL

한국연구재단
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.