

LETTER OF AGREEMENT
(ONLY FOR FOREIGN BACHELOR OR MASTER)

By making application for admission to Busan University of Foreign Studies,

I, _____, give my full permission

(Full Name in English)

to verify my educational background at _____ to the

(Name of Institution Graduated)

office of Educational Affairs Team(Graduate School) at Busan University of

Foreign Studies.

Signature :

Date :

Name :

RELEASE OF INFORMATION FORM

(ONLY FOR FOREIGN BACHELOR OR MASTER)

Notice(유의사항)
1. This form is mandatory for applicants who graduated from colleges or universities in foreign countries. (외국대학에서 수학한 지원자는 필수로 제출해야 합니다.)
2. Students who have graduated from universities in Korea do not have to submit this form. (대한민국에서 학교를 졸업한 외국인 학생은 작성할 필요가 없습니다.)
3. All information should be correct. If not, student should be responsible for providing wrong information. (기재한 정보가 허위로 판명될 경우 모든 책임은 학생에게 있습니다.)

Applicant Information(지원자 정보)	
Name of Applicant 성명(한글/영문)	
Date of Birth 생년월일	
Department to Apply for 지원학과	
Academic Information(출신학교 정보)	
Name of Institution Graduated 졸업학교명	
Address of Institution Graduated 졸업학교 주소	
Name of Degree 학위명	<input type="checkbox"/> 학사(Bachelor's Degree) <input type="checkbox"/> 석사(Master's Degree) <input type="checkbox"/> 박사(Doctor's Degree)
Degree No. 학위등록번호	
Major 전공	
Date of (Expected) Graduation 졸업(예정)일자	
Period of Attendance 재학기간 및 등록학기	년 월 ~ 년 월, 총 () 학기 이수 (Year/MM) ~ (Year/MM), Total () semesters completed
Website of Institution Graduated 졸업학교 홈페이지 주소	
Office in Charge of Academic Affairs 학력조회 담당 부서	
Name of Staff in Charge 학력조회 담당자 성명	
Phone/Fax No. of Staff in Charge 학력조회 담당자 전화번호/팩스번호	
E-mail of Staff in Charge 학력조회 담당자 E-mail	

제출일(Due Date) : . . . (Year/MM/DD)

지원자(Applicant) : _____(signature)