**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.

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| **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 graduationMM-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) : |

**• 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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|  | **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.** |