

SOONGSIL UNIVERSITY

Sangdo-ro 369, Dongjak-gu, Seoul. 06978, Korea(* 부분만 지원자가 작성)

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Application Date(제출일자) : * _____

School Name : (영문) * _____

School Address : (영문) * _____

School Phone : * _____, Fax : * _____, E-mail : * _____

Subject : Student Information

To Whom It May Concern :

We are pleased to have (*학생영문이름 _____), a current or former student at your school, applying to study at Soongsil University. Your answers to the following questions are appreciated. Responses will be used only for purposes of this application and will be kept confidential. For your reference, the student's Letter of Consent is below.

If possible, a response from your office by fax will greatly help to expedite our processing of this individual's application. Thank you in advance for your cooperation.



Sincerely yours,

Sang-Hoon Cho, Ph.D.
Vice President of Admissions
Soongsil University

LETTER OF CONSENT

To Whom It May Concern :

I have applied to Soongsil University in Seoul, Korea for the 2024 academic year. In this regard, I would like to request your full assistance to Soongsil University as they contact you regarding verification of enrollment and transcripts.

Written by applicant (지원자가 기록)	Verified by previously attended school (국의 학교 담당자가 기록)
Date of Birth: _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of Admission: _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of Graduation(or transfer if applicable): _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Name(영문) and Signature: _____	Additional Comments: _____
Date(제출일자): _____	Printed Name and Signature: _____