



# AJOU UNIVERSITY

Office of Graduate School, Ajou University  
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Date :

School Name : \_\_\_\_\_

School Address : \_\_\_\_\_

School Phone : \_\_\_\_\_ , Fax : \_\_\_\_\_ , E-mail : \_\_\_\_\_

Subject : Graduated Student Information(Degree Verification)

To whom it may concern :

We are pleased to have the following individual, ( \_\_\_\_\_ ), who has been a students of your school, will be studying at Ajou University. Your answers to the following questions are appreciated and will be held confidentially. For your reference, the student' s Letter of Agreement 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 for cooperation.

Sincerely yours,

Joong Soon Jang, Ph. D.  
Dean of Graduate School  
Ajou University

## LETTER OF AGREEMENT

To whom it may concern :

I have applied to Ajou University in Suwon, Korea for the 2018 academic year. In this regard, I would like to request your full assistance to Ajou University when they contact you regarding verification of enrollment and transcripts.

Written by applicant (지원자가 기록)	Verified by previously attended school (해외 학교 담당자가 기록)
Date of birth: * _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of admission (transfer from another school): * _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Date of graduation (transfer to another school): * _____	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
Name and Signature * _____ Date * _____	Additional comments : _____ _____ Printed Name and Signature : _____