

Torch Trinity Graduate University

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Name of Institution (학교명)							
Address (학교주소)							
Tel	Fax	Fax E-mail					
Name of Student (학생성명)							
Degree Awarded (취득학위명)	Date of Birth (생년월일)						
Date of Admission (입학일)		Date of Graduation (학위수여일)					

To whom it may concern :

We are pleased to have the following individual, (Name of Student (해생생명)

your alumni/alumnae or a current student, studying here at Torch Trinity Graduate University

Please examine the enrollment record above, complete the verification report below and return it to us. Do not separate the verification report portion as the form is required to be returned in its entirety. You could either fax (through the above fax number) or mail it to us. Your answers are appreciated and will be held in strict confidence. Thank you in advance for your cooperation. If you have any question, please do not hesitate to email me. We look forward to hearing from you soon.

Sincerely yours,

Prof. Hyung Jin Park Dean of Academic Programs Torch Trinity Graduate University),

LETTER OF AGREEMENT

To whom it may concern :

I have applied to Torch Trinity Graduate University in Seoul, Korea for the 2020 academic year and have agreed to allow Torch Trinity Graduate University to officially request for my academic records. In this regard, I would like to request your full assistance to Torch Trinity Graduate University in providing the requested information.

Name of Student (학생성명)									
Date (날짜)					Signature (서명)					
VERIFICATION REPORT (University Registrar Only)										
Accuracy of above enrolln Additional comments:	nent record	Correct ()	Incorrect ()					
Name		Title			Signature					
					<i>J</i>					

• Signature part must be handwritten or dectronic signature. 서명 부분은 자필로 작성하거나 전자서명 하십시오.

• Write in English or in the language of the school's location 영어 또는 학교 소재지의 해당 언어로 작성하십시오.