

## Torch Trinity Graduate University

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Name of Institution (약교명)				
Address (학교주소)				
Tel	Fax	E-mail		
Name of Student (학생성명)	_			
Degree Awarded (취득학위명)		Date of Birth (생년월	일)	
Date of Admission (입학일)	I	Date of Graduation (학위수여일		
To whom it may concern: We are pleased to have the following your alumni/alumnae or a current of the Please examine the enrollment reseparate the verification report position (through the above fax number) or Thank you in advance for your conforward to hearing from you soon.	student, studying here at cord above, complete t rtion as the form is req mail it to us. Your answ	Torch Trinity Graduate University to the verification report below uired to be returned in its envers are appreciated and will be	and return it to us. Do not tirety. You could either fax be held in strict confidence.	
Sincerely yours,			g Jin Park ademic Programs y Graduate University	
LETTER OF AGREEMENT				
To whom it may concern: I have applied to Torch Trinity Grallow Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to request your full assistance to Torch Trinity Graduate Unit to Torch Trinit	versity to officially requ	uest for my academic records.	In this regard, I would like	
Name of Student (학생성명)				
Date (날짜)		Signature (서명)		
VERIFICATION REPORT (Univ	ersity Registrar Only)			
Accuracy of above enrollment reco	ord Correct ( )	Incorrect ( )		
Additional comments:				
Name	Title	Signature		
		<u> </u>		

- 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.