[Form 2]

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| **Dong-A University****Office of International Affairs** |
| *(49236) Office of International Affairs, Dong-A University, 225 Gudeok-ro seo-gu, Busan**TEL : (82+51)200-6444 FAX : (82+51)200-6445**E-mail :* studyindonga@donga.ac.kr |
| **Letter of Consent**To whom it may concern, I hereby authorize my previously attended educational institutes to disclose information concerning my enrollment and academic records to Dong-A UniversityIn this regard, I would like to request your full assistance when Dong-A contacts you regarding verification of enrollment and transcripts. Name : Date (yyyy/mm/dd)Signature : |
| **Student Information** |
| \*Name of university: \*Date of admission : \*Date of graduation: \*Name : \*Student ID Number : \*Date of Birth :  |