



Declaration of Third Party Authorization to Act on Behalf of Applicant

I, (이름, 성 순으로 작성) 공란
(First and Last Name) (Student Number)

(집주소)
(Address)

(휴대폰 번호 예: 82-10-1234-5678) (연락 받을 이메일 주소)
(Telephone) (Email)

(생년월일 예: 일 / 월 / 년도)
Date of Birth (DD/MM/YYYY)

Hereby authorize the following person, agent or agency

First and Last Name: JIEUN KOH

Agency Name (If Applicable): English and English Literature Department, University of Ulsan

Relation to Applicant: Assistant

Address: Office 514 Building 14, 93 Daehak-ro, Nam-gu, Ulsan,
Republic of Korea (University of Ulsan)

Telephone: 82-52-259-2515 E-mail: remin2957@ulsan.ac.kr

Applicant's Signature: (이름 또는 서명) Date: (작성 일자 예: 일 / 월 / 년도)

to act on my behalf in all matters concerning my application for admission to the ESL. I consent to the disclosure of information concerning or relating to the following/s:

- ☒ Letter of Acceptance
- ☒ Attendance and Progression
- ☒ Grades and Transcript
- ☒ Financial Data
- ☒ Personal Data

전체 동의
(정보수집 동의란)