



Declaration of Third Party Authorization to Act on Behalf of Applicant

I, _____
(First and Last Name) _____ (Student Number)

(Address)

(Telephone) _____ (Email)

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: _____ *Date:* _____

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*