

INFORMED CONSENT DOCUMENT

The purpose of this investigation is to provide the KCUE (Korean Council for University Education) with my academic records.

I understand the explanation provided to me and I voluntarily agree to participate in this investigation.

Name of Subject : _____
Given Name Family Name

Date of birth : _____
YYYY/MM/DD

Signature of Subject Date(yyyy/mm/dd)



Korean Council for University Education
27-2 Youido-Dong Youngdungpo-Gu, Seoul, 150-742, Korea
Phone: 82-2-6712-0126
e-mail: intl@kcue.or.kr