



YONSEI UNIVERSITY  
GRADUATE SCHOOL OF EDUCATION  
50 YONSEI-RO, SEODAEMUN-GU, SEOUL 120-749 KOREA  
Tel. +82-2-2123-3262 Fax. +82-2-2123-8657

**EDUCATION RECORD REQUEST(学籍邀请)**

Applicant's name(申请人姓名)	
Date of Birth(生日) (yyyy/mm/dd)	
Social Security Number(身份证号码)	
Name of School(学校名称)	
School Phone(学校电话)	
School Address(学校地址)	
Date of Graduation(毕业日期)	

PLEASE COMPLETE THE FOLLOWING INFORMATION (Please print clearly)

\* If you choose to submit a copy of the student's transcript, please include the name and title of the person who responded to our request.

请把下列的空白处填完 (请打印)。

如果提交的是申请人学籍的复印件, 请填写负责人的职务及姓名

Dates of Attendance(出席日数)

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd(日) mm(月) yy(年) dd(日) mm(月) yy(年)

Student ID Number(申请人学号)

\_\_\_\_\_

Did the applicant graduate(申请人毕业与否)? ☐ Yes(是) ☐ No(否) ☐ Expected(准备毕业)

Date of Graduation(毕业日期):

Was a degree/diploma receive(学位或毕业证取得与否)? ☐ Yes(是) ☐ No(否)

Name of Degree/Diploma(学位或毕业证种类): ☐ Bachelor's Degree(学士)

☐ Master's Degree(硕士)

☐ Others(其它):

Completed by(负责人): \_\_\_\_\_

(PLEASE PRINT) First name(名) Last Name(姓) Official Stamp or Seal of Univ.(学校或相关机关印章)

Position(职务)

Phone(电话)

Fax(传真)

e-mail address(电子邮件地址)