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| Substitutional Issuance Form |
| Mandator | Name | DOB | Sex |
| Address | Phone No. |
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| Substitute | Name(Signature) | DOB | Sex |
| Relationship with Mandator | Phone No. |
| Address |
|  |  |
| Category | Type of Certificate | Copy | Purpose |
|  |  |  |
|  |
| I hereby certify that Substitute is authorized by Mandator to act for and on its behalf for the limited purpose of applying for and getting certificates.Date:Mandator’s signature:SUNGKYUNKWAN UNIVERSITYOffice of Academic Services |
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