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| Substitutional Issuance Form | | | | |
| Mandator | Name | DOB | | Sex |
| Address | Phone No. | | |
|  |  | | | |
| 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 UNIVERSITY  Office of Academic Services | | | | |
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