**Letter of Consent**

KIM Yoon Soo

President

Chonnam National University:

300 Yongbong-dong, Buk-gu

Gwangju 500-757, S. Korea

I hereby consent that YOUR NAME who is a YOUR POSITION of FACULTY OR DEPT. NAME at UNIVERSITY NAME may participate in the DEPT. NAME at Chonnam National University during the period of July 2 – July 30 as a visiting scholar

I confirm that YOUR NAME is currently employed as a YOUR POSITION of FACULTY OR DEPT. NAME at UNIVERSITY NAME and has been employed for NUMBER years.

Name\_\_Dean or Director of your department\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_