受験番号	

※DO NOT FILL IN

（関西学院大学　外国学校在籍期間証明書）

Please fill in the blanks.

CERTIFICATE OF ATTENDANCE

To Kwansei Gakuin University Admissions Center

This is to certify that the student named below attended our school for the following period of time:

Student's Name		Date of Birth	Month / Date / Year

School Name	

Date of Entry	Month / Date / Year	Grade / Year at the Time of Entry	
Date of Exit	Month / Date / Year	Grade / Year at the Time of Exit	
Exit Status	☐ Graduated	☐ Expect to Graduate	☐ Withdrew

Please tick / Fill in the appropriate academic calendar.

☐ Semester	☐ Trimester	☐ Quarter	☐ Others (　　)
Starting / Ending Month of Each Term	(ex)April-June, September-November, December-March		

Date: _____

Principal / Headmaster: _____
(Signature)

_____
(Printed Name)

Official Seal / Stamp

<Contact>

School Address & Telephone: _____

E-mail: _____