

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
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School Name	
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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	<input type="checkbox"/> Graduated	<input type="checkbox"/> Expected to Graduate	<input type="checkbox"/> Withdrawn

Please tick / Fill in the appropriate academic calendar.

<input type="checkbox"/> Semester	<input type="checkbox"/> Trimester	<input type="checkbox"/> Quarter	<input type="checkbox"/> Others ()
Starting/Ending	(ex)April-June, September-November, December-March		
Month of Each Term			

Date: _____

Principal/Headmaster: _____
(Signature)_____
(Printed Name)Official
Seal/Stamp

<Contact>

School Address & Telephone: _____

E-mail: _____