

Please fill in the blanks from ① to ⑬.

| | |
|-------------|---|
| School name | ① |
|-------------|---|

Certificate of Attendance

To Kwansei Gakuin University,

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

| | | | |
|-----------------------------------|--------------------------------------|----------------------|--------------------------------------|
| Student's name | ② | Date of birth | ③ / / Month / Date / Year |
| Date of admission | ④ / / Month / Date / Year | Grade / student year | ⑤ |
| Date of graduation/ withdrawal | ⑥ / / Month / Date / Year | Grade / student year | ⑦ |

| | |
|------|--------------------------------------|
| Date | ⑧ / / Month / Date / Year |
|------|--------------------------------------|

| | | |
|------------------------|--------------------|-----------------------|
| Principal / Headmaster | ⑨ (Signature) | ⑩ (Printed Name) |
|------------------------|--------------------|-----------------------|

| | |
|-----------------------|---|
| Official Seal / Stamp | ⑪ |
|-----------------------|---|

【Contact】

| | | |
|--------|---------------------|---|
| School | Address & Telephone | ⑫ |
| | E-mail | ⑬ |