

受験番号	※
------	---

※Do not fill in.

Please fill in the blanks from ① to ⑭

【英語版】

School name	①
-------------	---

## Certificate of Days of Enrollment

To Kwansei Gakuin University,

This is to certify that the student named below enrolled 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

The student above enrolled our school for a total of ⑧ days.

Date	⑨     /     / Month / Date / Year
Principal / Headmaster	⑩     ( Signature )     ⑪     ( Printed Name )
Official Seal / Stamp	⑫

【Contact】

School	Address & Telephone	⑬
	E-mail	⑭

\* 本紙の記入は、留学先の高等学校の教員に依頼してください。  
 \* 「実績資料貼付用紙」の裏面に貼付してください。