

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.

⑧

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が行うこと。