

Fill in the all boxes below.

School Name	
School Address	
School Phone	
School Email	
School URL	

Certificate of Attendance

To Hosei University International Admissions Office,

Student's Name in Full	
Date of Birth (YYYY/MM/DD)	

This is to certify that the above-mentioned person entered

(School Name)	on	(Date)
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and

(Check one of the followings) <input type="checkbox"/> graduated <input type="checkbox"/> is expected to graduate <input type="checkbox"/> withdrew	from this school on	(Date)
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Year/Grade at the time of entrance	Year
Year/Grade at the time of graduation/withdrawal	Year

Ex) Year 11 入学(転入)・卒業(転出)時の学年を記載してください。

Name of Authorized Official		(School Official Seal)
Signature of Authorized Official		
Date		