

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) |
|---------------|----|--------|

and

| | | |
|---|---------------------|--------|
| (Check one of the followings) | from this school on | (Date) |
| <input type="checkbox"/> graduated <input type="checkbox"/> is expected to graduate <input type="checkbox"/> withdrew | | |

| | |
|--|-------------|
| 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 | | |