Fill in the all boxes below.			School N	lame		
			School Address			
			School F	Phone		
			School E	mail		
			School U	IRL		
	C	Certificate	of Atte	ndance		
ТоН	Hosei University International A	dmissions Office	€,			
Student's Name in Full						
Da	te of Birth (YYYY/MM/DD)					
	is to certify that the above-mention	(Date)	ered			
and	(Check one of the followings)	from	this school o	(Date)		
anu	□graduated □is expected to grad		THIS SCHOOL OF			
Yea	r/Grade at the time of entrance	Year				
Year/Grade at the time of graduation/withdrawal Year						
Ex) Y	∕ear 11 入学(転入)·卒業(転出)時	寺の学年を記載し	てください。			
Name of Authorized Official					(School Official Seal)	
Signature of Authorized Official						
Date	e					
					1	