

Chief of Educational Affairs Section	Application date	( year / month / day ) / /
	Delivered	( year / month / day ) / /

To Dean of GSIS

Current address	( Zip cord — )		
Master's Program (Old master's course)	Date of Admission ( year / month / day ) / /		Department
	( year / month / day ) / /	Completed	• Expected completion
Doctoral Program (Old doctor's course)	( year / month / day ) / /	Entered	• Transferred
	( year / month / day ) / /	Completed	• Expected completion
Roman block	Day time contact telephone number		
Name (kana Syllables)	Personal seal		E-mail
Date of Birth	( year / month / day ) / /		
If applied by proxy Name of proxy	Personal seal		

### Application for delivery of certificate

I submit this application for delivery of certificate as follows

Type of certificate (Please check the boxes) <input type="checkbox"/> English <input type="checkbox"/> Japanese	Master's Program (Old master's course)	Completed (Expected) certificate	copies	(Student ID No)
		Academic transcript certificate	copies	
		certificate	copies	
	Doctoral Program (Old doctor's course)	Completed (Expected) certificate	copies	
	Academic transcript certificate	copies		
	certificate	copies		
	Research student	certificate	copies	
Reasons and presented to	(To be specified in detail)			

Note: If you need forwarding by mail, please present a return-mail envelop with postage stamp and destination shown clearly. We hereby reconfirm that personal information is not used for an inappropriate purpose.