

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

To Dean of GSIS

Current address	(Zip code –)		
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
		Withdrawal	• Expected withdrawal
Roman block		Day time contact telephone number	
Name (kana Syllables)		E-mail	
Date of Birth	(year / month / day) / /		
If applied by proxy			
Name of proxy			

Application for delivery of certificate

I submit this application for delivery of certificate as follows

(Please check the boxes) ①/Type of certificate <input type="checkbox"/> English <input type="checkbox"/> Japanese ②/strictly sealed copies <input type="checkbox"/> Yes <input type="checkbox"/> No	Master's Program (Old master's course)	Completed (Expected) certificate	copies	(Student ID No)
	Doctoral Program (Old doctor's course)	Academic transcript certificate	copies	
		certificate	copies	
Research student	Completed (Expected) certificate	copies		
	Academic transcript certificate	copies		
Research student	certificate	copies		
Reasons and presented to	(To be specified in detail)			

***If you need forwarding by mail, please submit a copy of your ID and Return envelope(affix a stamp and write your name and address).**

***Only five copies can be issued at one time.**