For English

APPLICATION FORM FOR CERTIFICATE

Dean of the Graduate School of Medicine

**１．Information on those who receive certification**　　　Application date： yy／　 mm／　　dd

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth | 　　　yy／　 mm／　　dd |
| Nationality |  | TEL |  |
| E-MAIL |  |
| Address | 〒 |

※Please fill in only if a proxy applies.

|  |  |  |
| --- | --- | --- |
| Proxy’s Name |  | Relationship（　　　　　　　　　　） |
| Proxy’s contact information | 〒 | Phone number |

**２．Student information（Please check in □）**

|  |  |  |
| --- | --- | --- |
| Program | Date of Enrollment | Student Number |
| □ Medical Sciences□ Disability Sciences □ Health Sciences(□Master、□PhD) | From 　yy／mm　Date of AdmissionTo 　yy／ mm　Date of Graduation・CompletionExpected graduation・CompletionWithdrawal・Expected withdrawal |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Non-Degree Student | □ Research Student□ Special Research Student | Enrollment period From yy／　 mm　　To yy／　 mm　　 | Student Number |
|  |

**３．Required Certificate（Please check in □）**

|  |  |  |
| --- | --- | --- |
| Type of Certificates  | Number of Copy | Remark |
| Japanese | English |
| * Academic Transcript
 | □Master　□PhD |  |  |  |
| * Graduation ・ Completion
 | □Master　□PhD |  |  |  |
| * Expected Graduation・Completion
 | □Master　□PhD |  |  |  |
| * Enrollment
 | □Master　□PhD |  |  |  |
| * Withdrawal/ Expected withdrawal
 | □Master　□PhD |  |  |  |
| □ Student commuter certificateJR・Private railway（　　　　　　　　　　　　） |  |  | From Sta. to　　 　 Sta.From yy／　 mm／　dd |
| □ Antibody titer test・Vaccine certificate |  |  |  |
| * MEXT scholarship certificate
 |  |  |  |
| □ Other（　　　　　　　　　　　　　　　） |  |  |  |

|  |  |  |
| --- | --- | --- |
| Seal | □ I want my certificate in a sealed envelope※If there is no check, it will not be sealed. | □The graduation/completion certificate and transcripts should be packaged together and sealed.□Transcripts should be sealed and graduation/completion certificates should not be sealed.□ Other（　　　　　　　　　　　　　　　　　　　　　　　　　　） |

**※The “purpose of use” and “submission destination” are required information. Please specify the names of all organizations to submit the certificates to.**

|  |  |
| --- | --- |
| Purpose | □Employment　□Examination　□Study abroad　□Scholarship　□Other（　　　　） |
| Nameof Organization（S） |  |

教務課

記入欄

□学生証　□免許証　□パスポート　□保険証

**身分証明書確認**

受付　 ／　　 発送 　／　 郵便　学内便　窓口

□マイナンバーカード　□その他（　　　　　　　　　　　　　)