

# CERTIFICATE OF ENROLLMENT

This is to certify that the following student is enrolled and will pay tuition fees at our university during their period of study in Japan as required by the student exchange agreement.

Student Name:	
Date of Birth:	
Name of Institution:	
Faculty:	
Current Academic Year:	
Expected Date of Graduation:	/ / Month Day Year

Departmental or international office coordinator's name and signature:

Full Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Contact Details:

1) Tel: \_\_\_\_\_ 2) Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Stamp:

Note: The authorized person from the applicant's home institution should fill out this form.