

Please fill in the blanks from ① to ⑪.

School Name : ① _____

Address & Telephone : ② _____

Certificate of Attendance

To Sophia University Admissions Office,

This is to certify that ③ _____, date of birth ④ _____, was a full-time student
(Student's name) (Month/Date/Year)

at ⑤ _____ from ⑥ _____ to ⑦ _____ .
(School name) (Month/Date/Year) (Month/Date/Year)

Date: ⑧ _____

Principal/Headmaster: ⑨ _____
(Signature)

⑩ _____
(Printed Name)

Official Seal/Stamp: ⑪ _____

(上智大学 外国学校在籍期間証明書)