

Please fill in ALL the blanks required below.

CERTIFICATE OF ATTENDANCE

To The Sophia University Admissions Office,

This is to certify that the student named below attended our school for the following period of time:

Student's name		Date of birth	(Month/Date/Year)
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School name	
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Date of admission	(Month/Date/Year)	Grade/year & Semester at the time of admission	Grade/Year: _____ Semester: _____
Was the above date the first day of classes for the academic <input type="checkbox"/> year/ <input type="checkbox"/> semester?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Date of graduation/withdrawal	(Month/Date/Year)	Grade/year at the time of graduation/withdrawal	Grade/Year: _____ Semester: _____
Was the above date the last day of classes for the academic <input type="checkbox"/> year/ <input type="checkbox"/> semester?*			<input type="checkbox"/> YES <input type="checkbox"/> NO
*If the student graduated, please check "YES" even if he/she left the school before the last day of classes.			

Date: _____

Principal/Headmaster: _____

(Signature)

(Printed Name)

Official Seal / Stamp

<Contact>

Name: _____

Address& Telephone: _____

E-mail: _____

(上智大学外国学校在籍期間証明書)