

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	<u>Grade/Year:</u> _____ <u>Semester:</u> _____
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	<u>Grade/Year:</u> _____ <u>Semester:</u> _____
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
Has the student graduated from your school?			<input type="checkbox"/> YES <input type="checkbox"/> NO

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

Principal/Headmaster: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

<Contact>

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

Address& Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_



(上智大学外国学校在籍期間証明書)  
海外就学経験者 (帰国生) 入学試験 (2026)