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/Day/Year)

School name	

Date of admission	(Month/Day/Year)	Grade/Year & Semester at the time of admission	Grade/Year: ___ Semester: ___
Was the above date the first day of classes for the academic ☐ year or ☐ semester?			☐ YES ☐ NO

Date of graduation/withdrawal	(Month/Day/Year)	Grade/year at the time of graduation/withdrawal	Grade/Year: ___ Semester: ___
Was the above date the last day of classes for the academic ☐ year or ☐ semester?			☐ YES ☐ NO
Has the student graduated from your school?			☐ YES ☐ NO

Date: _____

Principal/Headmaster: _____ _____

(Printed Name) (Signature)

<Contact>

Official Seal / Stamp

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（2027）