

Please fill in the blank spaces numbered (1) to (12)

School Name : (1)

Address : (2)

Telephone

E-mail : (3)

Certificate of Attendance

To Doshisha University,

This is to Certify that (4) _____, date of birth (5) _____,
(Student's name) (Month/Day/Year)

was a full-time student at (6) _____ from (7) _____ to
(School name) (Month/Day/Year)

(8) _____.
(Month/Day/Year)

Date :

(9) _____
(Month/Day/Year)

Principal/Head :

(10) _____
(Signature)

(11) _____
(Printed Name)

(12)

Official Seal/Stamp

Doshisha University

同志社大学スポーツ健康科学部 海外修学経験者（帰国生）入試 外国の学校における在籍期間証明書