

Certificate of Expected Graduation/Acquisition of Qualification

卒業見込み/出願資格取得見込み証明書

Please fill in the relevant sections below.

該当する項目について、必要事項を記入してください。

Name in Roman letters/氏名 (Family/ Middle/ Given)			
Date of Birth(yyyy/mm/dd)/ 生年月日		School Name/ 学校名	

This is to certify that the above-mentioned student is expected to graduate from the school as below.

上記の者は、下記記載の通り卒業見込みであることを証明します。

School Name/学校名	
Entrance Date/入学日(yyyy/mm)	
Expected Date of Graduation/ 卒業見込み日(yyyy/mm)	

This is to certify that the above-mentioned student is expected to obtain a qualification for the selection as below.

上記の者は、下記の出願資格を取得見込みであることを証明します。

Name of Qualification/資格名	Expected Date of Acquisition/取得見込み日(yyyy/mm)
<input type="checkbox"/> International Baccalaureate Diploma	
<input type="checkbox"/> Abitur Certificate	
<input type="checkbox"/> Baccalauréat diploma	
<input type="checkbox"/> General Certificate of Education Advanced Level	

Date/日付 _____

Principal/学校長署名 (Signature) _____

(Printed Name) _____

Official Seal/Stamp 校印
