

Please fill in the blanks from ① to ⑩

School Name : ① _____

Address & Telephone : ② _____

Certificate of Attendance

To International Christian University Admissions Center,

This is to certify that ③ _____, date of birth ④ _____,
(Student's name) (Month/Date/Year)

was a full-time student at ⑤ _____
(School name)

from ⑥ _____ to ⑦ _____ .
(Month/Date/Year) (Month/Date/Year)

Date : ⑧ _____

Principal/Headmaster : ⑨ _____
(Signature)

⑩ _____
(Printed Name)

Official Seal/Stamp : ⑩ _____