

## Application for Certificate

To Dean of \_\_\_\_\_

Date of application ...../...../.....

Data related to the applicant	How to apply	<input type="checkbox"/> Office <input type="checkbox"/> Mail	Person making the application	<input type="checkbox"/> Applicant <input type="checkbox"/> Relative	<input type="checkbox"/> Person other than relative (Details: _____)	
	Applied by relative or representative	Name of applicant _____		Contact phone : _____ (Make sure that you can be reached at this number..)		
		Address of applicant: _____		Postal code _____		
* Be sure to attach a letter of attorney.						
Phonetic spelling _____						
Name _____ (Maiden name: _____)						
Date of Birth & Nationality _____				Nationality: _____		Contact phone: _____
Contact address _____		Postal code: _____				(Make sure that you can be reached at this number.)
Student No. at Kumamoto University _____		(Unnecessary if you have forgotten your Student No.)				
[Faculty level] Admission year/month Enrolled faculty / department Year/month of graduation, etc.	Admission/graduation, etc.	MMM YYYY	<input type="checkbox"/> Faculty: Faculty of Education, Major: _____ Faculty of Letters, Course/Field of study: _____	Department/Course: Minor: _____	} Admission	
		<input type="checkbox"/> College of Medical Science <input type="checkbox"/> Special Course <input type="checkbox"/> Faculty research student <input type="checkbox"/> Other ( _____ )	<input type="checkbox"/> Nursing Teacher Training School <input type="checkbox"/> Faculty non-degree student			
MMM, YYYY <input type="checkbox"/> Graduated <input type="checkbox"/> Dropped out, etc. <input type="checkbox"/> Enrollment period expired (research student/non-degree student, etc.)						
[Graduate school level] Admission year/month Enrolled graduate school / major Year/month of completion, etc.	Admission/completion, etc.	MMM YYYY	<input type="checkbox"/> Graduate school: <input type="checkbox"/> Special Graduate Course of Special Education	Major: _____	} Admission	
		<input type="checkbox"/> College of Medical Science, Special Graduate Course of Midwifery <input type="checkbox"/> Graduate school research student <input type="checkbox"/> Other ( _____ )	<input type="checkbox"/> Graduate school non-degree student			
MMM, YYYY <input type="checkbox"/> Completed <input type="checkbox"/> Dropped out, etc. <input type="checkbox"/> Enrollment period expired (research student/non-degree student, etc.)						
Types : number of required certificates  * Certificate of Academic Records and Certificate of Credit will be sealed with a stamp “開封無効 (Opened mails are regarded as invalid)”.	Certificate of Academic Records	<input type="checkbox"/> Faculty/Special course/Medical college/ Nursing Teacher Training School : (Japanese/English) _____ <input type="checkbox"/> Graduate school/Major : (Japanese/English) _____ <input type="checkbox"/> Non-degree student, etc. : (Japanese/English) _____	} If the certificate must be issued according to the New Educational Personnel Certification Law, consult with us separately			
	Certificate of Credit	<input type="checkbox"/> Faculty/Special course/ Nursing Teacher Training School _____ <input type="checkbox"/> Graduate school/Major _____ <input type="checkbox"/> Non-degree student, etc. _____				
	* For a teaching certificate (Type of school, etc.: _____ <input type="checkbox"/> 1st class <input type="checkbox"/> 2nd class <input type="checkbox"/> Special / Curriculum: _____)					
	Certificate of Completion	<input type="checkbox"/> Faculty/Special course/Medical college/ Nursing Teacher Training School : (Japanese/English) _____ <input type="checkbox"/> Graduate school/Major etc.: (Japanese/English) _____				
Certificate of Student Registration		<input type="checkbox"/> Faculty/Special course/Medical college/ Nursing Teacher Training School : (Japanese/English) _____ <input type="checkbox"/> Graduate school/Major : (Japanese/English) _____ <input type="checkbox"/> Research student/Non-degree student, etc. : (Japanese/English) _____	} (Stamp of “開封無効”: <input type="checkbox"/> Required <input type="checkbox"/> Not required)			
Other [Name of certificate (Japanese/English)] _____						
Intended purpose, and where to submit the certificates	Intended purpose/where to submit (If you are applying for several certificates, please enter the intended purpose and where to apply for every application. (Entries do not have to be settled matters.))					

Note 1: When making an application, be sure to present your ID(s) (representatives also need their IDs). In case of mail submission, copies of your IDs shall be attached.

Note 2: With regard to Japanese/English, circle Japanese or English, whichever applies to you.

Note 3: Check or black out  for items that apply to you.