

Date:

Academic Certificate Request

To: Dean of the Joint Graduate School of Veterinary Medicine

Year of First Enrollment _____ Major in Veterinary Sciences
Date of Birth _____
Name _____

I hereby request issue of the following certificate for the reason given below.

(Indicate by encircling)

- Certificate of Enrollment (copies in Japanese; copies in English)
- Academic Transcript* (copies in Japanese; copies in English)
- Certificate of Prospective Graduation* (copies in Japanese; copies in English)
- Application for extension of period of stay for organization, part1,2 (1 copy)
- Other (Specify:) copies

Use of envelopes for the certificate marked with*: Circle one:

(Use an envelope for each copy. Use an envelope for all copies.)

| Purpose | Where the Certificate Is To Be Submitted |
|---------|--|
| | |
| | |

Address to Deliver the Certificate: _____

Telephone: _____