

APPLICATION for CERTIFICATE

To the Dean of the Graduate school of Frontier Biosciences, Osaka University

DATE: day /month /year

Entrance year	Student ID Number	Name	Date of birth
Current Address			
Tel: _____ email: _____ @ _____			

Type	Number		(SEALED ENVELOPE WITH STAMP)	Details
	English	Japanese		
Certificate of enrollment period				
Academic Transcript				
Degree (Master's·Doctoral)				
Withdrawal Certificate with Master's Degree				Same as the Master's degree
Doctoral Completion Certificate				
Withdrawal Certificate with Required Credits				
Withdrawal Certificate				
Others ()				

PURPOSE		Where to submit	
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Check how you would like to receive your certificate:

by mail: Please enclose a self-addressed stamped envelope and a copy of your Student ID, driver's license, passport, health insurance card, etc.

through Educational affairs: Please bring a copy of either your student ID, driver's license, passport, health insurance card, etc, when coming to Educational affairs.

If a representative requests or receives a certificate on your behalf, they must bring their identification and a letter of attorney with the applicant's signature.

(大学記入欄)

大学院係長	大学院係	年 月 日 受付	証明書番号
		年 月 日 決裁	阪大生命第 号
		年 月 日 発送	