離籍者用

APPLICATION for CERTIFICATE

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

DATE: yy /mm /dd

Entrance year	Student ID	NAME	Date of Birth

Current Address

Tel : E-mail : @

ISSUE of CERTIFICATE	Number		(ENVELOPE SEALED WITH A STAMP ON)	
	English	Japanese		
Enrollment Certificate				
Academic Transcript				
Degree Award Certificate （(Master's・Doctoral)				
Withdrawal Certificate with Master's Degree				Same as the Master's degree
Completion Certificate(Doctoral)				
Withdrawal Certificate with required Credits				
Withdrawal Certificate				
Any Other Certificate( )				

PURPOSE OF USE	Where to submit	Government Immigration other( )

Check appropriate boxes how to receive

☐Mail : Envelope with stamp, Personal Identification: Student ID, Driver's License, Passport, or Health Insurance Card, etc.

☐Student services office: Personal Identification: Student ID, Driver's License, Passport, Health Insurance Card, etc. When a deputy requests or receives a certificate on your behalf, he/she has to bring his/her identification and a letter of attorney with applicant's signature

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（大学記入欄）

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