

**International Christian University**  
**Certificate of Enrollment (for Transfer Students)**

To the Dean, College of Liberal Arts, International Christian University

I hereby certify that the following information is true and correct.

**1. Applicant Information**

<b>Name</b>			
	Family	Given	Middle
<b>Date of Birth</b>			
	Year / Month / Day		
<b>Faculty/Department</b>			
<b>Degree/Title to be earned upon graduation</b>			
<b>Enrollment Period (Start date, End Date)</b>			<input type="checkbox"/> Entry
	Year / Month / Day		<input type="checkbox"/> Transfer
			<input type="checkbox"/> Enrolled *
	Year / Month / Day		<input type="checkbox"/> Graduate (expected)
<b>Leave of Absence Period</b>	<input type="checkbox"/> No Leave of Absence		
	<input type="checkbox"/> Leave of Absence		
	to		
	Year / Month / Day	Year / Month / Day	

\* If "enrolled," End Date can be left blank.

**2. Certifier (College/University) Information**

<b>College/University Name</b>	
<b>College/University Address</b>	
<b>Name of the Dean/President</b>	
<b>Name of the Contact Person</b>	
<b>Contact E-mail Address</b>	

\* Signature or official stamp is required.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (Year / Month / Day)

