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| International Christian University (ICU) College of Liberal Arts* **English Language Based Admissions**
 | **Certificate of Enrollment** **(for Transfer / OYR / *Kenkyusei*)**  |
|  |
| **For College or University Officials Responsible for Documenting Student Academic Progress**: Please complete the light blue areas below. After completing this sheet, please print it out and sign it or affix an official stamp before returning it to the student. Please note that we cannot accept this sheet without a signature or official stamp certifying its authenticity. |

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| 1. **Student Information:**
 | *Enter the student’s name exactly as it appears on official documents.* |
| Legal name |  | , |  |  |  |
|  | *LAST/FAMILY/SUR* |  | *First/given* |  | *Middle* |
| Date of birth |  | *Put the student’s date of birth for identification purposes.* |
|  | *yyyy/mm/dd* |  |

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| 1. **Enrollment Data:**
 |
| Course level | [ ]  Associate degree | [ ]  Bachelor’s degree | [ ]  Master’s degree | [ ]  Doctoral degree |
|  | [ ]  Non-degree-seeking |  |
|  |  | *If “Non-degree-seeking,” provide details in the field above.* |
| College/Department |  | Major/Concentration |  |
|  | *e.g., Arts and Sciences, Humanities, etc.* |  | *e.g., English Literature, Psychology, etc.* |
| Degree info | [ ]  Degree awarded | [ ]  Degree in progress |  |
| When did or will the student earn that degree?  |  |  |
|  | *yyyy/mm* |  |
| Is the student still attending this college or university?  | [ ]  Yes | [ ]  No |  |
|  |  |  |  |
| Dates attended |  |  |  | *If the student is still attending college or university, please put the end month of the current (ongoing) semester/quarter/term.* |
|  | *First quarter/semester/trimester(yyyy/mm)* |  | *Last quarter/semester/trimester(yyyy/mm)* |
| - Leave of absence [1] (if applicable) |  |  |  |  |
| *Start (yyyy/mm)* |  | *End (yyyy/mm)* |  |
| - Leave of absence [2] (if applicable) |  |  |  |  |
| *Start (yyyy/mm)* |  | *End (yyyy/mm)* |  |

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| 1. **Certifier (College or University Official) Details:**
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| Name of institution |  |
|  |  |
| Address |  |
|  |  |
| Dean/President |  |
|  |  |
| Contact person |  | Email |  |
| *If any of the required information is left blank, we will contact you individually.* | *Must be an official school domain account* |

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|  | \*Signature or official stamp is required. |  |
|  |  |  |

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| Official Stamp |

 |
|  | *Signature* |
|  |  |
|  | *Date (yyyy/mm/dd)* |
|  |  |  |  |

ICU Admissions Center | Email: admissions-center@icu.ac.jp