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**CERTIFICATE OF ENROLLMENT**

**在学証明書**

To: The President of Kyoto University

　京都大学総長　殿

This is to certify that Mr./Ms. 　　　　 is registered as a full-time student at our institution.

　下記の者は、記載のとおり本学に在籍していることを証明します。

Full Name: ,

（申請者氏名） (Last Name) 　(First Name) 　 (Middle Name)

Sex: Male Female

（性別）

Date of Birth: / /

（生年月日） Year Month Date

Name of Institution:

（在籍大学名）

Faculty・Graduate School/Department:

（在籍学部）

Academic year enrolled in Home Institution while s/he is in Kyoto University as an exchange student.

（学年）  Undergraduate 1st year  Master 1st year  Doctor 1st year

Undergraduate 2nd year  Master 2nd year  Doctor 2nd year

Undergraduate 3rd year  Master 3rd year  Doctor 3rd year

Undergraduate 4th year

If unable to classify the applicant’s academic status in the above given categories, specify the reason.

Expected date to obtain a bachelor/master/doctor degree at the home institution assuming that the applicant will study at Kyoto Univ.:（京都大学に交換留学した場合の在籍大学での学位取得予定年月）

　　 /

Month（月） 　　　Year（年）

\*Those who obtained or will obtain a bachelor degree before the end of their exchange term in Kyoto University cannot join KUINEP. Such students may apply for General Exchange Program under condition of being regular students at home university while they are exchange students at Kyoto University.

Signature

（署名）

Name

（氏名）

Title or Position

（肩書）

Date

（日付）

Year / Month / Day

Note: This form must be completed by the authorized representative of the applicant’s home institution.

申請者の在籍大学の責任者が記入してください。