B—HOME 大学記入（HOME UNIVERSITY）

# 短期留学奨学生候補者在籍証明書

SISF Short-term Foreign Student Program Scholarship for Inbound Students
Certificate of Enrollment

公益財団法人佐藤陽国際奨学財団　代表理事 殿
To the Attention of Representative Director, Sato Yo International Scholarship Foundation

下記の奨学金等支給候補者は、ここに記載のとおり、本学に在籍していることを証明します。
This is to certify that the following person, applying for the SISF Short-term Student Program Scholarship for inbound students, is enrolled as a regular student at our university in the following capacity.

| | | | |
|---|---|---|---|
| 候補者氏名<br>Name of applicant | | | |
| 受入大学名<br>Host university in Japan | | | |
| 修学希望期間<br>Desired Study Period | From<br>year month day ～ | To<br>year month day | |
| 在籍大学名<br>Home university | ☐Undergraduate school ☐Graduate school | | |
| 専攻・学年<br>Faculty / Department/ School Year | Faculty | Department | School Year |
| 入学年月<br>Date of admission | | 卒業予定年月<br>Scheduled date of graduation | |
| 国籍<br>Nationality | | 性別<br>Sex | |
| 生年月日<br>Date of Birth | | 年齢<br>Age | |
| 母国住所<br>Address | | | |
| 母国電話番号<br>Phone number | | E-mail address | |

提出年月日 Date　2022 年 Year　月 Month　日 Day

証明する方の氏名＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
Name of Dean, Registrar or Dept. Head

役職名
Title ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

署名
Signature ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

注記：申請時の在籍大学の責任者が記入してください。
Note: This form should be filled out by the authorized person of applicant's home university.