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

候補者氏名

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.

| De line Hara H | 1 | | | | | | | |
|---|--|---------------|-----------------|-------------------------|-----------|------------|----------|-----|
| Name of applicant | | | | | | | | |
| 受入大学名 | | | | | | | | |
| Host university in Japan | | | | | | | | |
| 修学希望期間 | From | | | То | | | | |
| Desired Study Period | | year | month | day \sim | yea | ır mon | th | day |
| 在籍大学名 | □Undergraduate school □Graduate school | | | | | | | |
| Home university | | | | | | | | |
| 専攻·学年 Faculty / Department/ School Year | | Facul | ty | Departm | ent | Sc | hool Yea | r |
| 入学年月 | () | | | 卒業予定年 | 年月 | | | |
| Date of admission | | | | Scheduled d graduati | ate of | | | |
| 国籍 | | | 3 | 性別 | | | | |
| Nationality | | | | Sex | | | | |
| 生年月日 | | • | | 年齢 | | | | |
| Date of Birth | | | | Age | | | | |
| 母国住所 | | | | | | | | |
| Address | | | | | | | | |
| 母国電話番号 | | 120000 190000 | | E-mail address | | | | |
| Phone number | | | | | | | | |
| | | | 提出年月 Date | 日 2021 | 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.