Letter of Proxy

To: Dean of the Graduate School of International Cultural Studies

| | | | | Date | / / (Month/Day/Year) |
|--------------------------|---|---------|--|-----------------------|--------------------------|
| Student ID Number | | *Please | Iment Status circle either one in mn on the right. | Currently Enrolled | Completed / Withdrawn |
| Japanese Kana | | | | | |
| Name | | | | | |
| Name in Roman Letters | (First-Middle-Family) | | | | |
| Date of Birth | Born on | | / | / | (Month/Day/Year) |
| I | (name) | | | | do hereby authorize |
| Proxy's Name | | | | | |
| Proxy's Address | Postal code T Phone (home number) Phone (daytime) | | | | 【mobile or office】 |
| Proxy's Date of Birth | - | Born on | / | / | (Month/Day/Year) |

to apply for certificates listed below on my behalf.

| *Office use only | |
|---------------------------------|---|
| 事務確認および使用欄 | · |
| 代理人の身分証明書 口原本により確認 口コピー貼付 | |
| | |
| | |
| | |

| Types of Certificates | Details |
|---|---|
| (Example) Academic Transcript | Two pieces of English version and two pieces of Japanese version. |
| Academic Transcript | |
| Certificate of Graduation | |
| Certificate of Expected Graduation | |
| Certificate of Withdrawal | |
| Certificate of Enrollment | |
| Certificate of Research Activities (Research Students and Special Research Students Only) | |
| Certificate of Research Activities (Research Students and Special Visiting Trainees Only) | |
| Others () * Please contact the Academic Affairs Office before you apply. | |

^{*} Please attach a copy of the applicant's ID to this form. When submitting this form, the proxy must present their ID, or if the request is made by mail, a copy of the proxy's ID must be submitted.