

NAME:(English Alphabet)
氏名:(漢字)

※No.
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※Please do not fill in this column.

# Registration Form(志願者経歴書 書式K1)

## 1. Official Education

Please list, in chronological order, all schools attended from elementary school to your current or most recent school, including university. DO NOT include nursery, kindergarten or language schools.

12 years of official education are required (or must be scheduled to be completed by the time of enrollment).

Please write the school name in English.

Name of School	School Category	Medium of Instruction	School Address (City, Country)	Period of Attendance				Years Attended
				Start Date		End Date		
				Year	Month	Year	Month	
ABCD Elementary School	Elementary	Japanese	Tokyo, Japan	2010	4	2014	8	4
EFGH International School	Elementary	English	Hawaii, USA	2014	9	2016	6	2
EFGH International Middle School	Middle	English	Hawaii, USA	2016	9	2019	6	3
IJKL Foreign Language High School	Senior High	Korean	Seoul, ROK	2019	6	2022	2 <i>prospective</i>	3

Total Years of Education: ( ) years

## 2. Other Attended Schools

Please list any other schools that you have attended (e.g. preparatory schools, language schools, specialized institutions).

Name of School	School Category	Medium of Instruction	School Address (City, Country)	Period of Attendance				Years Attended
				Start Date		End Date		
				Year	Month	Year	Month	

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Please fill in the blanks in English.

## Certificate of Attendance(在籍期間証明書 書式 K4)

To Ritsumeikan University Office of Admissions,

This is to certify that the student named below attended our school for the following period of time:

Student's name	Family Name	Given Name
Date of birth	(Month/Date/Year)	
School name		

Date of admission	(Month/Date/Year)
	Was the above date the first day of classes for the academic year/semester? ( <input type="checkbox"/> Yes / <input type="checkbox"/> No )
Grade/year at the time of admission	

Date of graduation / withdrawal	(Month/Date/Year)
	Was the above date the last day of classes for the academic year/semester? ( <input type="checkbox"/> Yes / <input type="checkbox"/> No )
Grade/year at the time of graduation / withdrawal	

Address	
TEL	
Name of contact person	
E-mail	

Date : \_\_\_\_\_

Principal/Headmaster : (Signature) \_\_\_\_\_

Principal/Headmaster : (Printed Name) \_\_\_\_\_

Official Seal / Stamp
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