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

提出年月日 2020　　年 月 日

Date Year Month 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.