Address:
1-1 Jumonjibaru
Beppu, Oita 874-8577
JAPAN
Inquiries only:
Phone +81-977-78-1124
FAX +81-977-78-1125
Email shoumei@apu.ac.jp

Proof of Tuition Payment Application

Administration Office
Student Office (Certificates)
Ritsumeikan Asia Pacific University

Fill in this application and submit with the appropriate fees by hand or by mail. Please return this form with payment to the office in person or by mail. Certificates will be issued **TWO or more BUSINESS DAYS** after tuition and fees have been paid Unclaimed certificates will be destroyed three months after issue, and any payments will NOT be refunded.

IDENTIFICATION

*Note: Student ID Card required. A signed letter of authorization is required for request and pickup by proxy.

Student ID #		Enrollment	_____Year Spring ・ Fall
フリガナ Surname		Birth Date (yyyy/mm/dd)	
フリガナ Given Name(s)		Phone Number	

OTHER CERTIFICATE REQUEST INFORMATION

Purpose for Request (Check)	☐Tax Deduction ☐Other ( )
Country and Institution to be submitted to (Check)	☐Korea ☐Japan ☐Other Country( ) ☐Company of parent ☐Government ☐Other ( )
Name and Address if mailed	〒
☐ Check here if additional addresses are listed on back	

Content Fee		Japanese	English	Total	Subtotal
【Admission fee】 【Tuition Paid】 *Certificates will be provided only for amounts that can be confirmed at the time of application. _____yr **Spring・Fall** Semester ~ _____yr **Spring・Fall** Semester Special Instructions / Special Request	Current Students ¥200/page Former Students ¥300/page	copies	copies	copies	¥
【Tuition Estimated】 ☐ Tuition A ☐ TuitionB ☐ CAP Fee ☐ IMAT Fee _____yr **Spring・Fall** Semester ~ _____yr **Spring・Fall** Semester		copies	copies	copies	¥

Delivery Method ONE (Check)	☐Mail Domestic	¥370/delivery	How many envelops? ( )	¥
	☐Mail Overseas	Inquire at office	Area ( ) Weight (g)	¥
	☐Pick up		*Note: Student ID Card required.	

Payment Method (Check)	☐Certificate Stamp ☐( )		
ID# of Proxy		Name of Proxy	

TOTAL Inquire at office **BEFORE** payment	**¥**

I hereby attest that I am the above-named person requesting these transcripts/certificates accompanied by the fee required.

Signature:_____

Date:_____YY_____MM_____DD

2 アドミニ依頼	3 アドミニ発行	4 アドミニ確認	5.交付印	1. 領収印・受付印
サイン	サイン	サイン	サイン	サイン

Personal Information on this form shall be used within the original purpose of issuing the above certificate(s).

Cut on the dotted line by yourself

Request Slip for proof of tuition Payment Application

Student ID # : _____ Name: _____

Total Amount : ¥_____ Quantity : _____ copies ☐Pick Up ☐Mail

領収印

サイン

 Please pick up certificates within three months. Any payments will NOT be refunded.