# For Former Students Transcript / Certificate Request Form



#### Student Office (Certificates)

#### **Ritsumeikan Asia Pacific University**

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

Please return this form **with payment** to the office in person or by mail. Transcripts/Certificates will be issued **TWO BUSINESS DAYS** after payment has been made. All unclaimed transcripts/certificates for pickup will be destroyed three months after issue and any payments already made will NOT be refunded. Graduate students must fill in this form for completed courses.

**IDENTIFICATION** \*Note: Photo ID required. A signed letter of authorization is required for request and pickup by proxy.

Student ID #			Dates of Enrollment	Graduation/ Withdrawal/ End to
✓ リガナ Surname at APU			Birth Date (yyyy/mm/dd)	
✓ リ ∄ ナ Given Name(s)			Phone Number (and Email address)	
✓ リガナ Current Name(s)	), if changed			*Note: The name under which you enrolled at APU will be used on transcripts/certificates.

### TRANSCRIPT/CERTIFICATE REQUEST INFORMATION

Special Instructions	(Examples: seal and stamp on envelope or individually packaged transcripts)			
Purpose for Request (Check)	Employment Entrance Examination Other (			
Name and Address if mailed	Please write the destination address on a separate sheet			

\*Note: Type 3: for students who did not complete their studies. Type 5: attach a sample.

Туре		Fee	How many?				Subtotal
			JAPANESE	ENG	GLISH	Total	Subiolai
①Transcript	of Academic Record	¥300 each	'	Ī		<u> </u>	¥
②Certificate Completion	e of Graduation / on (degree)	¥300 each					¥
③Period of F	Registration	¥300 each	'  '	Ī		<u>اا</u>	¥
<ul> <li>Proof of Tuition Payment</li> <li>Certificates will include enrollment fees and all other amounts paid after enrollment.</li> </ul>		¥300 each					¥
⑤Others(*N	ote: Inquire at office)	¥300 each	, 	ſ	_		¥
Delivery	☐ Mail Domestic	¥370/delivery	How many envelops(LetterPack 370)? ()			)	¥
Method	Mail Overseas	Inquire at office	Area (	)			¥
(Check)	□Pick up		*Note: Photo ID required.				
Payment Method (Check)		Certificate	ə Stamp 🗌 (	)	тот		¥
ID# of Proxy	у	Name of Proxy					

I hereby attest that I am the above-named person requesting these transcripts/certificates accompanied by the fee required.	2 発行	3 確認	4 交付印	1 領収印・受付印
Signature:		/		
Date:yymmdd		/	サイン	サイン

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

Fo	Payment Received					
Student ID #:		Name:		Tot	al Amount: ¥	
<mark>Quantity: (</mark> ①	copies) (2)	copies) (③	他 copies) (④	copies)	Pick UpMail	

CER 様 式 HP05E Please pick up certificates within three months. Any payments already made will NOT be refunded.





立命館アジア太平洋大学 スチューデント・オフィス (証明書発行係) 住所: 〒874-8577 大分県別府市 十文字原1-1 問い合わせのみ: 電話 0977-78-1124 FAX 0977-78-1125 Email shoumei@apu.ac.jp

## 国内用証明書送付先記入票 Form for Domestic Address and Name Where Certificates are to be mailed

オフィス使用欄 For Official Use	受付印	EXPACK 発送	備考

日本国内の住所に証明書の送付を希望する場合は、この用紙を印刷し下記の票に日本語で必要事項を記入してください。海外の場合は、記入は不要です。

郵便番号など必要事項が記入されていない場合は、証明書の発送の遅延につながります。

In the box below, please write legibly your name and <u>domestic address</u> where you want certificates sent. Incomplete information could result in a delay in processing your certificates. *NIHONGO* is preferable.

Students who require their certificates to be sent to an overseas address are not to use this form.

Student ID #:\_\_\_\_\_

Name:\_\_\_\_\_

郵便番号: Postcode	
住所:Address	
氏名:Name	
電話番号:Telephone	
电 <b>油</b> 街方.1elepholle	