For March 2020 New Graduates

2020.3.2～2020.3.31 申請分
Ritsumeikan Asia Pacific University
Tel 0977-78-1124/e-mail: shoumei@apu.ac.jp

Additional Transcript / Certificate Request Form

Two (2) certificate of graduation and Two (2) transcript in Japanese and English will be sent FREE to graduates together with your diploma. If you need more than three certificates/transcripts, please apply. Additional certificates/transcripts are NOT free.

■ IDENTIFICATION

*Note: Photo ID required. Please also submit a signed letter of authorization/proxy when necessary.

Student ID #		Birth Date (yyyy/mm/dd)	
Surname		Phone Number	
Given Name(s)		E-mail address *other than APU mail	

■ TRANSCRIPT/CERTIFICATE NEEDED

Application accepted: Mar. 2-Mar. 31, 2020

*Additional transcripts/certificates will be sent to you separately from your diploma and free certificates.

Special Instructions	(Examples: seal and stamp on envelope or individually packaged transcripts)
Purpose for Request (Please indicate)	☐Immigration Bureau ☐Employment ☐ Entrance Examination ☐Other ( )

Type	Fee	Additional Copies (with fee)			Subtotal
		JAPANESE	ENGLISH	Total	
① Certificate of Graduation / Completion (with degree name)	¥300 each				¥
② Transcript of Academic Record	¥300 each				¥

Issuance Date	**Apply by Mar. 12 (Thur.) : Pick up/post after Mar. 16 (Mon.)**	
	Apply after Mar. 13 (Fri.) : Pick up/post after two business days	
Delivery/ Pick up Method	☐ **Pick up** ☐ **By post (in Japan) ¥520**	Asia: ¥1,400
	☐ **Overseas mail: country/ region** ( )	N. America/Oceania: ¥2,000 Europe: ¥2,200

Payment Method	☐ Certificate stamp	**TOTAL**	**¥**
	☐ Credit Card		
Proxy's ID #		Name of Proxy	

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 発行	3 確認	4 交付印	1 領収印
/	/	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).

Application: Mar. 2-Mar.31, 2020 Additional Transcript/Certificate Request Slip

Student ID #: _____ Name: _____ Total Amount: ¥ _____

Quantity: (卒① ____ copies) (成② ____ copies) _____ ☐Pick Up ☐Mail

Payment Received
Student Advisory Office
サイン

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