

Please fill in the blank spaces numbered ① to ⑪.

School Name: ① _____

Address & Telephone: ② _____

CERTIFICATE OF COURSE COMPLETION

Name in Full: Mr. / Ms. ③ _____

Date of Birth: ④ _____

This is to certify that the above-mentioned person entered ⑤ _____

(School Name)

on ⑥ _____ (month/day/year) and completed or, if successful, will complete

(Entrance Date)

all the required courses of study by ⑦ _____ (month/day/year).

(Graduation Date)

Date: ⑧ _____

Principal / Head: ⑨ _____

(Signature)

⑩ _____

(Print)

Official School Seal: ⑪ _____

2020年度明治大学文学部自己推薦特別入学試験 修了（見込）証明書