

Please fill in the blank spaces numbered ① to ⑪.

School Name: ① \_\_\_\_\_

Address & Telephone: ② \_\_\_\_\_

## ***CERTIFICATE OF COURSE COMPLETION***

Name in Full: 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 \_\_\_\_\_

2027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