## Sample

## **CERTIFICATE OF ENROLLMENT**

Name of the school when	re you are currently enrol	led:
	University of Fo	untain
Department of: Foreign	gn Studies	
Name of Student:	Smith, John	
	(Last Name) (First Nam	ne) (Middle Name)
Date of Birth:	2003.3.25	5
	(Year) (Month	) (Day)
Enrollment Period at the	home university or school	ol
2023.9.1	to	2027.6.30
(Year) (Month) (Day)		(Year) (Month) (Day)
This certification	n is issued by the reques	t of The University of Shiga Prefecture
for application purposes	for exchange student.	
	Name of the Ada	ministration Office's Head in PRINT
		Williams, Robert
	Signature:	(Williams, Robert)
	Date:	<u>2024.9.20</u>

\* We need this document to confirm the period you are to be enrolled at your home university. Because you can be an exchange student ONLY while you are a student at home university.