TRANSCRIPT REQUEST FORM

**To the applicant: Please send this form to the registrar of your home institution.**

Applicant Name : _____ , _____
Legal family name (surname) First name (given name) Middle name

I hereby authorize the release of my academic record to the Graduate School of Science and Technology at Keio University.

**Signature of the Applicant:** _____ **Date (Day/Month/Year):** _____

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**To the registrar:** The above person is applying to the Keio University Graduate School of Science and Technology. This form is to provide us with supplementary information about the applicant's academic records of undergraduate course. Please fill out the required information below and return to the Admissions Office together with the official transcript and certificate of (expected) graduation of the applicant. Please seal the envelope, sign across the envelope seal, and send it directly to:

Admissions Office
Graduate School of Science and Technology, Keio University
3-14-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 223-8522, JAPAN

Should you have any questions, please contact the Admissions Office at: ao_st_inquiry@info.keio.ac.jp

**THIS PART TO BE COMPLETED BY THE REGISTRAR**

What is the language of instruction at your school? _____

Applicant's cumulative grade point average: _____
(Grade point values are A or A+ = 4.0, A− = 3.7, B+ = 3.3, B = 3.0, B− = 2.7, C+ = 2.3, C = 2.0, C− = 1.7, D+ = 1.3, D = 1.0, D− = 0.7, F = 0.0)

Degrees (to be) awarded: _____

Applicant's cumulative rank in course: _____ Number of students attending the course: _____

Highest possible grade in your school: _____ Lowest passing or satisfactory grade in your school: _____

Name of person completing this form: _____

Position or Title: _____

Address: _____

_____
Postal code Country

Telephone Number: _____ Fax Number: _____

Email: _____ Website: _____

**Authorized Signature:** _____ **Date (Day/Month/Year):** _____

**Official school seal or stamp**

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