Official school seal or stamp		
Authorized Signature:	Date (Day/Month/Year):	
Email:		
Telephone Number:		
	Postal code	
Address:		
Position or Title:		
Name of person completing this form:		
Highest possible grade in your school:	Lowest passing or satisfactory grad	de in your school:
	Number of students attending the course:	
Degrees (to be) awarded:		
Applicant's cumulative grade point average: (Grade point values are A or A+ = 4.0 , A- = 3.7 , B+ = 3.3 , B = 3.0 , I		D = 1.0, D = 0.7, F = 0.0
What is the language of instruction at your school?		
THIS PART TO I	BE COMPLETED BY THE REGISTRA	AR
Should you have any questions, please contact the Adn	nissions Office at: ao_st_inquiry@info.k	xeio.ac.jp
Admissions Office Graduate School of Science and Technology, Keio Un 3-14-1 Hiyoshi, Kohoku-ku, Yokohama, Kanagawa 2		
To the registrar: The above person is applying to the provide us with supplementary information about the a information below and return to the Admissions Office the applicant. Please seal the envelope, sign across the experimentary to the applicant.	applicant's academic records of undergrave together with the official transcript ar	aduate course. Please fill out the required
Signature of the Applicant:	Date (Day/Month/Ye	ar):
I hereby authorize the release of my academic record to the	he Graduate School of Science and Techn	ology at Keio University.
Applicant Name : Legal family name (surname)	First name (given name)	Middle name
	_ ,	