

TRANSCRIPT REQUEST FORM

To the applicant: Please send this form to the registrar at 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 Keio University Graduate School of Science and Technology.

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

To the registrar: The individual named above is applying to the Keio University Graduate School of Science and Technology. This form provides supplementary information about the applicant's undergraduate academic records. Please complete the fields below. Submit the digital version online prior to mailing the physical document to the Admissions Office, along with the official transcript and certificate of (expected) graduation. Please seal the envelope, sign across the 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
