Academic Transcript
Request Form

KAGAWA UNIVERSITY
Saiwai-cho, Takamatsu, Japan

TRANSCRIPT OF RECORD

Date : _____

Name _____ , _____
Last (Family) First Middle

Date of birth _____

Period attended : From _____ to _____
month year month year

Department _____

Degree(s) received _____
degree(s) month and year received

Period in which subject was taken		Subject	Hours per week		* Grade	* Credit
From	To		Lectures	Laboratory or fieldwork		

* Please describe your credit system (e.g., 1 credit = 15 × one-hour lectures or 30 × one-hour seminars) and your grade system (e.g., A = 100 to 80, B = 79 to 70, etc.) or attach such descriptive material, if available.

Authorized Signature _____

Name(please print or type) _____

Position or Title _____

Address _____

Official School Seal or Stamp _____