

**REQUEST for Certificate of Graduation**

**(in Japanese)**

**PLEASE PRINT CLEARLY**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST

DATE OF BIRTH: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ Graduation Date: WI SP SU FA 20\_\_\_\_\_\_\_\_

 Month Day Year

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

**SEND CERTIFICATE TO THE FOLLOWING ADDRESS: (Use back for additional addresses)**

**Your Name in Kanji:**

**Number of certificates requested: \_\_\_\_\_\_**

\_\_\_\_\_ Japanese copies at $10 each = \_\_\_\_\_\_ (For pick-up or mailed within 7 business days)

\_\_\_\_\_ RUSH copies at $15 each = \_\_\_\_\_\_ (For pick-up or mailed within 2 business days)

**Mailing Fees:** (Note: Prices are subject to change. Your payment will be adjusted on the current postage rate without notification.)

□ For regular air mail outside the U.S. add **$2 per certificate** (delivery within 10-14 business days)

□ For Priority mail outside U.S. add **$40** (delivery within 7 business days)

□ For Express mail outside the U.S. add **$78** (delivery within 3-5 business days)

**Certificate Amount Due: \_\_\_\_\_\_\_\_ Postage Amount Due: \_\_\_\_\_\_\_\_ Total Amount Due: \_\_\_\_\_\_\_\_\_\_**

**Credit Card Payment (pay in the accounting office first and bring the receipt and this form back to OSS):**

Type of CC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CC#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail request and payment to**:
Registrar, Hawaii Tokai International College 91-971 Farrington Highway, Kapolei HI 96707

Email to: studentservices@tokai.edu or fax to: 808-983-4173
For in person payment see the Accounting office on the 1st floor. (Room A119)

FOR OFFICE USE ONLY: Issued By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Issue: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

(Rev. 6/2019)