

REQUEST FOR Certificate of Graduation (in Japanese)

PLEASE PRINT CLEARLY NAME: ____ LAST **FIRST** Graduation Date: WI SP SU FA 20_____ 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 within 7 days or to be sent by regular air mail)* _____ RUSH copies at \$15 each = _____ (For same day pick-up or mailing within 24 hours) Postage charges: (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 \$1.20 per certificate (delivery within 10-14 business days) ☐ For Priority mail outside U.S. add \$32.25 (delivery within 7 business days) For Express mail outside the U.S. add \$63.95 (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: ______ 3-Digit Security Code: _____ 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: Date of Issue: ______ Issued By: _____