

REQUEST for Certificate of Graduation (in Japanese)

PLEASE PRINT CLEARLY NAME: ____ **FIRST** DATE OF BIRTH: ____/___/ ____ Graduation Date: WI SP SU FA 20__ Date: / / SIGNATURE: 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: Telephone: Email: 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) _____Date of Issue: _____/____/____ FOR OFFICE USE ONLY: Issued By: _____