

REQUEST FOR Certificate of Graduation (in Japanese)

PLEASE PRINT CLEARLY **FIRST** DATE OF BIRTH: ____/ ___ 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: 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 \$30.95 (delivery within 7 business days) For Express mail outside the U.S. add \$61.50 (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 ______ 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:_____