Request Form for English Name Change [For Alumni]

| Dean of School/Graduate School of | | | | Date of Request(YYYY/MM/DD): /, Waseda University | | | | |
|--|--|---|---|---|--|-----------------------------|----------------------|-----------|
| l hereby ap | oply for a | change of my Englis | sh name as f | ollows, with a cop | by of my pass | sport attach | ed. | |
| [Applicant | Information | on】*A stamp or sig | nature is requ | ıired. | | | | |
| Scho | School/Graduate School of | | Student ID No | | | | | |
| Phor Numb | | | | Date of Birth (YYYY/MM/DD) | | 1 | 1 | |
| E-ma Addre | | | | | | | | |
| Kataka Nam | | | | | | | | |
| Kanji N | ame | | | | (| stamp/signa | ature) | |
| 【English N | ame】*Ple | ase make sure to fi | II in the form | in block letters. | | | | |
| _ 5 | _ | Form | ner Name | | | New Name | | |
| | - | (Name whi FAMILY | le at universi | ty) RST | | | ssport) FIRST | |
| English | Name | 1 AMIL I | | (01 | TAIVILT | | 11101 | |
| | | | | | | | | |
| | | our name before th | | ou may leave "Fo | rmer Name" | blank. Howe | ever, <u>th</u> | e new n |
| Reason for | or Applicated one of the name or | as in your passpor tion】 the following and ☑ nly by this applicatio | t. it. If none o | f the following re | asons apply | to you, you | can't ch | ange |
| Must be the Community of the Community o | or Applicated one of the name or left | as in your passpor tion】 the following and ☑ nly by this applicatio | t. it. If none o | f the following re | asons apply | to you, you | can't ch | ange |
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| must be the must b | or Applicated one of the name or rom or left (1) To (2) To (3) To (4) To ke sure to a dure is not to have with | tion] the following and the following attach a photocopy of for changing the name | it. If none on. Please conseas acader examination verseas contributes the photo pag | f the following rentact the office of the institution is overseas apany the fitter of the page with your ciple, name change | asons apply f the school/g our English nai | to you, you graduate sch | can't ch hool you | ange J |

| 受付時記入 | 発行予定日 Date of Issue | | 受取力 | 受付印 | |
|----------|---------------------|--------|------------------------|--------------------------|------------------------|
| | 年 月 日 | | 事務所で受け取り | | |
| | 受付日 | 本人確認書類 | 入学年度 | 証明書発行状況 | |
| | / | ロパスポート | □1998年度以前 □1999年度以降 | □未発行 □発行済 (□回収済・□未回収) | |
| | 備考: | | | | 口控えお渡し済 (窓口での申請時のみ) |
| 箇所 記入 | 作業依頼日 | 作業完了日 | 本人への連絡 | 発行日(必要時のみ) | 担当 |
| | / | / | / | / (□窓口・□郵送) | |