**CERTIFICATE OF REGISTRATION**

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 Date：dd/mm/yyyy

To Director of Center for Engineering Education Development, Hokkaido University

This is to certify that the person mentioned below has been registered at **(Name of University)** for the Academic Year **20XX/20XX**, from **dd/mm/20XX** to **dd/mm/20XX**.

Name:

Student ID (Number):

 Course:

 Year:

Signature

Name:

Position:

\*The Signature of the Dean of Faculty, the Dean of the Graduate School, Supervisor, and Internship Staff is acceptable.