



JALT Central Office  
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**VERIFICATION OF FULL-TIME STATUS  
FOR STUDENT REGISTRATION FOR  
JALT2017**

To \_\_\_\_\_  
(Name of institution)

The following individual has applied for student registration at JALT2017. In order to process this application, we require documentation from your institution verifying enrollment as a full-time student.

Please fill in this form and return it to the applicant or send it directly to the above address.

I thank you in advance for your kind attention to this matter.

Yours sincerely,  
Director of Program

\_\_\_\_\_  
Name of applicant \_\_\_\_\_

Address/Tel \_\_\_\_\_

This is to certify that the above applicant is currently enrolled as a student at our institution undertaking a full-time course load of \_\_\_\_\_ credit hours from \_\_\_\_\_ to \_\_\_\_\_ (enrollment dates).

Name and title of Authorizing Official \_\_\_\_\_

Signature or Official Stamp of Authorizing Official \_\_\_\_\_

Date \_\_\_\_\_

Name of institution \_\_\_\_\_

Address/Tel \_\_\_\_\_