



## VERIFICATION OF FULL-TIME STATUS FOR STUDENT MEMBERSHIP

JALT Central Office  
Urban Edge Building 5F  
1-37-9 Taito, Taito-ku, Tokyo 110-0016  
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To \_\_\_\_\_  
(Name of institution)

The following individual has applied for membership to the Japan Association for Language Teaching (JALT) as a student member. 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 Membership

\_\_\_\_\_

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).

1. Name of president \_\_\_\_\_ 校印  
*or*

2. Name and title of authorizing official \_\_\_\_\_  
Signature of authorizing official \_\_\_\_\_

Date \_\_\_\_\_

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

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