

SAMPLE

No. \*\*\*\*\*  
MM DD, YYYY

## CERTIFICATE OF PROSPECTIVE COMPLETION

Name: \* \* \* \* \*

Date of Birth: MM DD, YYYY

Student ID Number: \*\*\*\*\*

This is to certify that the person named above is  
currently enrolled in good standing as a graduate student  
at Ritsumeikan University and is duly expected to complete  
the course requirements with the following record.

Graduate School of \*\*\*\*

Master's Program in \*\*\*\*

Date of Admission: April 1, \*\*\*\*

Expected Date of Completion: March 20, \*\*\*\*

# *SIGNATURE*

Dr. \* \* \* \* \*

President

Ritsumeikan University

1 Nishinokyo-Suzaku-cho, Nakagyo-ku,  
Kyoto, JAPAN