

SAMPLE

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

## CERTIFICATE OF LEAVE OF ABSENCE

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

Date of Birth: MM DD, YYYY

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

This is to certify that the person named above is  
currently on a leave of absence as an undergraduate  
student at Ritsumeikan University with the following  
record.

College of \*\*\*\*\*

Department of \*\*\*\*\*

\*\*\*\*\* Major

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

Period of Leave of Absence: April 1, \*\*\* - March 31, \*\*\*

# *SIGNATURE*

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

President

Ritsumeikan University

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