Certificate of Expected Graduation or Program Completion

Student Name

_____

Nationality

_____

Date of Birth (yyyy/mm/dd)   /   /

_____

This is to certify that above-mentioned person entered

(Institution Name)

_____

and will complete all required course of study and is due to graduate from this institution on

(Graduation date: yyyy/mm/dd)   /   /

_____

Country

_____

School Address

_____

Phone

_____

Principal Name

_____

School Official Seal

Shape your world

APU
Ritsumeikan
Asia Pacific University

Date Stamped (yyyy/mm/dd)   /   /

_____