

Certificate of Credits Received

Student Number _____

Name _____

Date of Birth _____

We certify the following regarding the student named above.

Credits Received [Please list only the credits required for graduation.]

■ Number of completed credits: _____ credits

■ Number of credits expected to have been completed before transferring to Ryukoku University
(Please write Subject Names · Number of Credits in the chart below.)

Subject Name	No. of Credits

Date: _____ (Day/Month/Year)

(Name and Seal of University President or Dean)

Ⓜ (Seal)

To the Issuing Officer: We request your assistance in filling in the blanks with the information requested.