

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.