



**Graduate School of International  
Culture and Communication Studies (GSICCS)  
Waseda University**

# **CERTIFICATE OF EXPECTED GRADUATION**

**\*Please fill out all of the sections below**

**Student's Name**

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**Date of Birth**

Year	Month	Date
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**This is to certify that the above-mentioned person enrolled in**

(Official name of the institution)
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**on**

(Enrollment date: yyyy/mm/dd)
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**and, will complete all the required courses of study and**

**is expected to graduate on**

(Graduation Date: yyyy/mm/dd)
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**The above-mentioned person will receive the following degree;**

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Details of the issuing staff		(Official seal of the institution)
Full Name		
Position/Title		
Email		
Signature		
Date		