Enrollment Number

Name of Graduate School

**Oath of Academic Integrity**

Date (MM/DD/YYYY)

Name of the Dean

Dean of the Graduate School of ,

Waseda University

Upon entering the Waseda University Graduate School of , I (Full Name) hereby pledge to be diligent in my study and research and uphold the highest standards of academic integrity throughout my work.

Student Signature

Date of Birth (MM/DD/YYYY)