

CERTIFICATE OF EXPECTED GRADUATION

Name : ●● ●●

Date of Birth : MM/DD/YYYY

Affiliation : Graduate School of ****

Department : Department of ****

Date of Enrollment : MM/DD/YYYY

Expected Date of Graduation : MM/YYYY

This is to certify that the above mentioned is true and correct.

Signature

First Name Last Name
Dean, Graduate School of ****
**** University

Official Seal of the
Graduate School of ****
**** University

Date : MM/DD/YYYY