

Month 99, 9999

CERTIFICATE OF COMPLETION

Student ID Number

Name

Date of Birth

This is to certify that the person named above completed the
Division of [REDACTED] (Master's Program) of the Graduate School
of [REDACTED] at [REDACTED] on March 99, 9999.

※The certifier's information will be
listed here.
(University Name, President's Name,
Official Seal, etc.)