

*Fill in the all boxes below

School Name

School Address

Phone

URL

CERTIFICATE OF GRADUATION/EXPECTED GRADUATION

Name In Full

Gender

Date of Birth

This is to certify that the above-mentioned person entered

(School Name)

(Entrance Date)

on

and, has completed/will complete all the required courses of study and

graduated/is due to graduate from this school on

(Graduation Date)

Principal's Name

Principal's Signature

Date

(School Official Seal)