

CERTIFICATE OF GRADUATION / EXPECTED GRADUATION

Student's Name:

Date of Birth:

This is to certify that the above-mentioned person enrolled in

(School Name)

and completed/will complete all the required courses of study and graduated/is
expected to graduate from this school on

(Graduation Date)

School Information:

Name of the School:

Name:

Position/Title:

Signature: _____

Email:

Date: