

# CERTIFICATE OF GRADUATION / EXPECTED GRADUATION

**Student's Name:**

**Date of Birth:**

YYYY/MM/DD

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

(School Name)

\*Please circle either one.

and  \* completed / will complete all the required courses of study and

\* graduated / is expected to graduate from this school on

(Graduation Date) YYYY/MM/DD

/ /

**School Information:**

School name:

School address:

Name:

Position/Title:

Signature: \_\_\_\_\_

Email:

Date (YYYY/MM/DD) : / /