CERTIFICATE OF GRADUATION / EXPECTED GRADUATION

Student's Name:		
Date of Birth:		
YYYY/MM/DD		
This is to certify that the above-men	ntioned per	son enrolled in
(School Name)		
*Please circle either one.		
and * completed / will complet	e all the	required courses of study and
* graduated / is expected to graduate		from this school on
		(Graduation Date) YYYY/MM/DD
School Information:		
Name of the School:		
Name:	Position/Title:	
Signature:		
Email:		
Date (YYYY/MM/DD):		