

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) : / /