



*Fill in all the boxes below

School Name	
School Address	
Phone	
Fax	
URL	

CERTIFICATE OF GRADUATION/EXPECTED GRADUATION

Full Name	
Gender	
Date of Birth	

This is to certify that the above-mentioned person entered

(School Name)		on	(Entrance Date)
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and, has completed/will complete all the required courses of study and

graduated/is due to graduate from this school on	(Graduation Date)
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Principal's Name		(School Official Seal)
Principal's Signature		
Date		