

*Fill in the all boxes below

School Name	
School Address	
Phone	
Fax	
URL	

CERTIFICATE OF GRADUATION/EXPECTED GRADUATION

Name In Full	
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		