



Fill in all the boxes below

Certificate of Graduation/Expected Graduation

Full Name of the Applicant	
Date of Birth	

This is to certify that the above-mentioned person entered

Official Name of the School	on	Entrance Date:
-----------------------------	----	----------------

and, has completed/will complete all the required courses of study and

graduated/is due to graduate from this school on

Graduation Date:

◆ Certifier's Information

*This form must be completed by applicant's high school.

Name	School Official Seal
Position/Title	
School Address	
Phone	
Date	