CERTIFICATE OF EXPECTED GRADUATION

*Please fill out all of the sections below

Student's Nar	me		
Date of Birth	Year	Month	Date
This is to c	ertify that the abo	ve-mentioned person	enrolled in
(Official name of the institution)			(Enrollment date: yyyy/mm/dd)
		on	
and, will co	mplete all the requ	ired courses of study	y and
		(Graduation Date: yyyy/mm/dd)	
is expected	to graduate on		
The above-mentioned person will receive the following degree;			
Details of the issuing staff			(Official seal of the institution)
Full Name			
Position/Title			
Email			
Signature			
Date			