

*Fill in the all boxes below

School Name	
School Address	
Phone	
Fax	
URL	

CERTIFICATE OF EXPECTED GRADUATION

Issue Number	
Name in Full	
Gender	
Date of Birth	
Entrance Date	
Issue Date	

This is to certify that the above-mentioned person entered

(School Name) on (Entrance Date)

and, if successful, will complete all the required courses of study and

is due to graduate from this school on (Graduation Date) .

Principal's Name		(School Official Seal)
Principal's Signature		