

<For office use only>

Examinee's Number

CERTIFICATE OF GRADUATION

(Secondary School / Post-secondary School)

Student Name _____ , _____
Last/Family First/Given Middle

Date of Birth _____
/ /
year month day

This is to certify that _____ entered
(Student's Name)
_____ on _____ and
(Name of the Institution) year month day
(Entrance Date)

has completed all the required courses of study and graduated on

/ /
year month day
(Graduation Date)

Head of the Institution _____

Date: _____
/ /
year month day

Signature _____

Name of the Institution	
Address	
Telephone / Fax	

(Official Seal of the Institution)