

School Name :	
Address :	
Telephone :	
Fax :	

Certificate of Expected Graduation

Certificate of Graduation

v1.0

Check the appropriate box

Name: _____

Date of Birth _____
yyyy/mm/dd

This is to certify that the above-named person joined _____
name of school

in _____ of _____, is expected to complete completed all the
month of entry year of entry delete as appropriate

required courses of study and is due to graduate graduated from this school in
delete as appropriate

_____ of _____ .
month of graduation year of graduation

Official Institution Stamp

Head of School

_____ *name* _____ *signature* _____ *date (yyyy/mm/dd)*