

*Fill in the all boxes below

School Name

School Address

Phone

Fax

URL

CERTIFICATE OF 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)

,

completed all the required courses of study and graduated from this school

on

(Graduation Date)

.

Principal's Name

Principal's Signature

	(School Official Seal)