

Applicant ID 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	
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(Official Seal of the Institution)