

<For office use only>

Examinee's Number

**CERTIFICATE OF EXPECTED 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)

is expected to complete all the required courses of study and graduate 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)