

<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)