

Form D

For University Use
Examinee's Registration Number

School Name: XXX High School

**Address: 12345, XXXXX Avenue, XXXXX,
XXXXX, U.S.A**

Phone: +1-XXX-XXXXXX-XXXXX

Fax: +1-XXX-XXXXXX-XXXXX

This is a:

- Certificate of Expected Graduation**
 Certificate of Graduation

(Please check the appropriate box above.)

Name: Smith, John Paul

Date of Birth: January 31, 2002

(Name of Educational Institution)

This is to certify that the above mentioned person entered XXX High School

(Entrance Month and Year)

in September 2017 and [is expected to complete / has completed] all the required
(Month) (Year)

courses of study and [is due to graduate / has graduated] from this school in
[(Expected) Gradation Month and Year]

August 2020.
(Month) (Year)

Date of Entrance and Graduation must be same as you have filled in Form A [(9) Educational Background)].

Jane DOE

Principal's Name and Signature

XXX High School,
12345, XXXXX Avenue, XXXXX,
XXXXX, U.S.A
 Official Institution Stamp

Date of Issue: August 7, 2020