

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-XXXXX-XXXXX

Fax: +1-XXX-XXXXX-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, 20XX

(Name of Educational Institution)

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

(Entrance Month and Year)

in September 20XX 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 20XX.

(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: July 30, 20XX