**School Name:**

**Address:**

**Form A**

**Phone:**

This is a:

**Certificate of Expected Graduation**

**Certificate of Graduation**

(Please check the appropriate box above.)

**Name:**

**Date of Birth:**

**(Name of Educational Institution)**

This is to certify that the above mentioned person entered in 　　　　　　　 and [is expected to complete / has completed] all the required courses of study and [is due to graduate / has graduated] from this school in 　　　　　　　.

**[(Expected) Gradation Month and Year]**

**(Entrance Month and Year)**

**(Month) (Year)**

**(Month) (Year)**

Principal’s Name and Signature Official Institution Stamp

Date of Issue: