

**Form A**

For University Use
Examinee's Registration Number

**School Name:**

**Address:**

**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 \_\_\_\_\_  
(Entrance Month and Year)

in \_\_\_\_\_ 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  
[(Expected) Gradation Month and Year]

in \_\_\_\_\_.  
(Month) (Year)

\_\_\_\_\_  
Principal's Name and Signature

Official Institution Stamp

Date of Issue: \_\_\_\_\_