



Please fill in all the boxes below.

## Certificates of Graduation/Expected Graduation

### Student Information

Full name of the student	
Date of Birthday: (MM/DD/YYYY)	

This is to certify that the above-mentioned student entered this school on and, has completed/ will complete all the required courses of study and graduated/is due to graduate from this school on.

Entrance Date: (Month/Year)	Graduation Date: (Month/Year)
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### School Information

Official School Name			
School Address			
Is your school/institution accredited by the government of the country in which it is located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your school/institution accredited by one of the organizations listed on the right?	<input type="checkbox"/> WASC <input type="checkbox"/> CIS	<input type="checkbox"/> ACSI	<input type="checkbox"/> NEASC
Course curriculum			
Grading Scale System			
Highest score: (e.g., 100)	Passing Score: (e.g., 50)		

### Certifier's Information

Name:	School official Seal
Signature:	
Position/Title:	
Date: (MM/DD/YYYY)	