

<For office use only>

Examinee's Number

## CERTIFICATE OF GRADUATION

(Secondary School / Post-secondary School)

Student Name \_\_\_\_\_ , \_\_\_\_\_  
Last/Family First/Given Middle

Date of Birth \_\_\_\_\_  
year month day

This is to certify that \_\_\_\_\_ entered  
(Student's Name)

\_\_\_\_\_ on \_\_\_\_\_ and  
(Name of the Institution) year month day  
(Entrance Date)

has completed all the required courses of study and graduated on

\_\_\_\_\_.  
year month day  
(Graduation Date)

Head of the Institution \_\_\_\_\_

Date: \_\_\_\_\_  
year month day

Signature \_\_\_\_\_

Name of the Institution

Address

Telephone / Fax

(Official Seal of the Institution)