|  |  |
| --- | --- |
| School name |  |
| School address |  |
| URL |  |

**Certificate of Graduation / Expected Graduation**

(Student name)

This is to certify that ,

(School name)

(MM, DD, YYYY)

DOB , entered

(Enrollment date)

on and has completed/will complete all the required courses of study. He/she has graduated/is due to graduate from this school on .

(Graduation date)

|  |  |  |
| --- | --- | --- |
| Principal’s name |  | School official seal |
| Principal’s signature\* |  |
| Date |  |

\*Note: Principal’s signature should be hand written. Electronic signature is not acceptable.