*To be completed by the applicant’s high school. Please fill in the blank spaces numbered* ① *to* ⑬*.*

***CERTIFICATE OF GRADUATION / EXPECTED GRADUATION***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s Name in Full: | ① |  |  |  |
|  | | (Last) | (First) | (Middle) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: | ② |  | / |  | / |  |
|  |  | (yyyy) |  | (mm) |  | (dd) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This is to certify that the above-mentioned person entered | | | | | |
| ③ |  | | | | |
|  | (Official School Name) | | | | |
| on ④ | |  | / | / | and completed or, if successful, will complete |
|  | | (yyyy) | (mm) | (dd) |  |
|  | | (Entrance Date) | | |  |
| all the required courses of study and graduate/is expected to graduate from this school on | | | | | |
| ⑤ | |  | / | / | . |
|  | | (yyyy) | (mm) | (dd) |  |
|  | | (Graduation Date) | | |  |

**School Information**

|  |  |  |  |
| --- | --- | --- | --- |
| School Name : | ⑥ |  | <Official School Stamp or Seal> |
|  |  |  | ⑬ |
| Address : | ⑦ |  |
|  |  |  |
| Tel : | ⑧ |  |
|  |  |
| E-mail : | ⑨ |  |
|  |  |
| Principal/Head : | ⑩ |  |
| Full Name (Print) |  |
| ⑪ |  |
| (Signature) |  |
| Date : | ⑫ |  |