

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

Address :

⑦

Tel :

⑧

E-mail :

⑨

Principal/Head :

⑩

Full Name (Print)

⑪

(Signature)

Date :

⑫

<Official School Stamp or Seal>

⑬

