

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>

