*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       |  |