

Please fill in the blank spaces numbered ① to ⑫.

School Name: ① \_\_\_\_\_

Address & Telephone: ② \_\_\_\_\_

## ***CERTIFICATE OF COURSE COMPLETION***

Name in Full: Mr. / Ms. ③ \_\_\_\_\_

Date of Birth: ④ \_\_\_\_\_

Gender: ⑤ \_\_\_\_\_

This is to certify that the above-mentioned person entered ⑥ \_\_\_\_\_

(School Name)

on ⑦ \_\_\_\_\_ (month/day/year) and completed or, if successful, will complete

(Entrance Date)

all the required courses of study by ⑧ \_\_\_\_\_ (month/day/year).

(Graduation Date)

Date: ⑨ \_\_\_\_\_

Principal/Head: ⑩ \_\_\_\_\_

(Signature)

⑪ \_\_\_\_\_

(Print)

Official School Seal: ⑫ \_\_\_\_\_