

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 _____