

CERTIFICATE OF PROSPECTIVE GRADUATION

School Information

School Name: School Address: Phone/Fax: URL:				
OINE.		dent Informa	ition	
Student Name:				
Student ID Number:				
Gender:				
Date of Birth:				
	with		student at language as medium of and will graduate from Grade _	
He/she will receive the High requirements.	School Diplor	na upon con	npletion of high school graduat	ion
(School Representative's Signature)	gnature)	(Date)	(School Stamp)	