

CERTIFICATE OF EXPECTED GRADUATION

Student's Name: _____

Gender: _____

Date of Birth: _____

This is to certify that above-mentioned student was enrolled in _____(course/program) on _____(date of enrollment). He/She is a full-time student, majoring in _____ in the four/five-year undergraduate program for Bachelor's Degree. He/She has completed the requirements as stipulated in an undergraduate program and won corresponding credits. He/she is due to graduate and to be granted Bachelor's degree in _____(month), (year).

University: _____

Address: _____

Phone/Fax: _____

(School Seal)

Date: _____