

# DIPLOMA CERTIFICATE

This is to certify that

\_\_\_\_\_  
Recipient Name

has successfully completed the requirements for the degree of

\_\_\_\_\_  
Degree / Course

Awarded on this day,

\_\_\_\_\_  
Day

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authority Name

\_\_\_\_\_  
Title / Position