

[Institution Name]
[Faculty / Department (optional)]
[Address Line 1, City, Country]

Graduation Certificate

This is to certify that

[Student Name]

having fulfilled all requirements,
is hereby awarded the degree of
[Degree / Major]
with all the rights and privileges thereto pertaining.

Conferred this [Day] day of [Month, Year]

President / Rector

Dean / Principal

Registrar

Certificate No.: [XXXXXXXX]