Certificate of Student Status

To whom it may concern:

This is to certify that the student named below is registered as follows:

|  |  |
| --- | --- |
| Name |  |
| Date of Birth | (YYYY/MM/DD) |
| Date of Entrance | (YYYY/MM/DD) |
| Expected Date of Completion | (YYYY/MM/DD) |
| Faculty |  |
| Department/ Course |  |
| Degree  (Bachelor/Master/Ph.D.) |  |
| Year of Study  (1st / 2nd / 3rd /4th) |  |

Notes (if any):

Official Stamp of the Institution

Name of the Representative of the Institution (with signature)

Name of the Institution

Date of Issue (YYYY/MM/DD)