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This Certifies that

**[Name & Other information]**

Has successfully completed the required course of study approved by the Board of Education for the state of [State], and is therefore awarded this

Degree

Given this\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent                                     Principle

[Write University name here]