

CERTIFICATE OF ENROLLMENT PERIOD

Student Number: _____

Name: _____

Date of Birth: _____
(Day) (Month) (Year)

With regards to the student named above, we certify the following:

Date _____ Matriculation
(Day) (Month) (Year)

Date _____
(Day) (Month) (Year)

Currently a student in ___ year of study

Withdrawn from school

Other _____

Without leave of absence from school

With leave of absence from school

Period

Date _____ to _____
(Day) (Month) (Year) (Day) (Month) (Year)

Date _____ to _____
(Day) (Month) (Year) (Day) (Month) (Year)

(Day) (Month) (Year)

(President/Faculty Dean)

Stamp/Seal

To the Officer who is issuing the certificate:

Please check or put a circle in the relevant boxes. Please fill in the necessary blanks and kindly certify the written information.