

Proof of Enrollment or Graduation

This is to certify that _____, _____,
(Last Name) (First Name)
born on (Day/Month/Year) ____ / ____ / _____

TO BE COMPLETED FOR ENROLLED STUDENTS

is currently enrolled as a student in (degree type & name)

at the University / School (Name of Institution) _____

The above mentioned degree programme is a Bachelor's/Masters/Ph.D. (please circle) or equivalent
(please specify) _____.

The student will return to resume his/her studies at the above mentioned University after the
internship. His/her predicted graduation date is (Day/Month/Year) ____ / ____ / _____

TO BE COMPLETED FOR GRADUATES

Has graduated from the University / School (Name of Institution)

with the following degree: (degree type & name)

His/her graduation date was (Day/Month/Year) ____ / ____ / _____

TO BE COMPLETED FOR ALL CANDIDATES (To Be Filled Out By School)

Hereby I, (Last name, First name) _____,
(Title/Designation) _____ confirm the
correctness of the above given information.

Address of University/ School: _____

Contact phone number: _____

Contact email: _____

Email of the student: _____

Signature / Stamp

Date (Day/Month/Year)