

Issued No.

(영문 시·도교육청명)

Address :

Qualification for High School Graduation

Certificate No. :

Name :

Date of Birth :

Gender :

This is to certify that the above-mentioned person successfully acquired the qualification as a High School Graduate by passing the High School Graduation Equivalency Examination conducted on (시험시행 연월일).

(Date of Final Pass : 합격발표 연월일)

(증명서 발급 연월일)

Chairman of the Qualification Examination Committee
(영문 시·도교육청명)

직인