



NEW YORK CITY COLLEGE OF TECHNOLOGY

THE CITY UNIVERSITY OF NEW YORK

OFFICE OF ADMISSIONS

300 JAY STREET, BROOKLYN, NY 11201-1909

(718) 260-5500 ♦ FAX: (718) 260-5504 ♦ ROOM NG17

GRADUATION CERTIFICATION

(TO BE COMPLETED BY THE STUDENT)

NAME _____

CUNY ID _____

SCHOOL _____

(TO BE COMPLETED BY THE HIGH SCHOOL)

Please certify that the student listed above **officially** graduated from high school, i.e. completed all courses, passed all regents and will not be attending summer school.

The form must be completed by the principal or assistant principal **only**. Please make sure that all dates are filled in and school seal is affixed. It will not be accepted without it.

Date of graduation: _____

Date diploma will be issued: _____

Signature

Date: _____

Title: _____

SCHOOL SEAL

