



# 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 \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

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(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 ensure all dates are filled in, and the school seal is affixed. It will not be accepted without it.

Date of graduation: \_\_\_\_\_

Date diploma will be issued: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Title: \_\_\_\_\_

SCHOOL SEAL

