

CERTIFICATE *of Completion*

This certificate confirms that the educational achievement identified in this document is a genuine and valid accomplishment. It bears the authorized signature of the issuing institution. The institution retains complete authority over the accreditation and certification rights associated with this qualification.

Name of the Student: _____

Course: _____

Specialization: _____

College/ University: _____

Date of issuance: _____

This material is intended for educational and informational purposes only.