High School Equivalency Verification Form

Section A. This section to be completed by the ap	pplicant (A 项由申请人用英文填写	<u>4):</u>
Student's Name in (English):	(Last Name)	(First Name)
Date of Birth:(Year, Month	h, Day)	
Name of High School:		
Expected Date of High School Completion:		
Section B. 以下 B 项由校方或有关教育机构填写:		=======================================
高中	'结业证明	
尊敬的国际学生办公室官员,		
鉴于圣马特奥总院规定,不满 18 岁的学生(肯尼亚达,圣马特奥,斯凯兰)考虑录取生于(年)(月)(日)将于_ 特此证明。	式,我在此特此证明学生(姓)(名)
(签名)	(职务)	
(年) (月) (日)	(单位全称)	
公章:		
此证明无公章无效。		
=====B	项英文译文========	============
Dear International Student Admissions Officer,		
I understand that students under the age of eightee College of San Mateo and Skyline College) unless	-	_
I hereby certify with my signature and seal, the structure requirements for high school completion.	udent referenced above will comple	ete all the minimum

SMCCD September 2012

(This letter of verification is valid with an official seal.)