

[Your Institution's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Academic Qualification Certificate

This is to certify that [Student's Full Name], son/daughter of [Parent's Name], has successfully completed the [Name of the Course/Major] at [Institution Name] from [Start Date] to [Completion Date].

The details of the qualification are as follows:

- Degree Awarded: [Degree Name]
- Major/Field of Study: [Field of Study]
- Date of Graduation: [Graduation Date]
- Student ID: [Student ID Number]

We confirm that [Student's Name] has met all academic requirements set forth by the institution and is therefore eligible for this certification.

Please feel free to contact our office at [Phone Number] or [Email Address] should you require any further information.

Sincerely,

[Your Name]

[Your Position]

[Institution Name]

[Contact Information]