

# Statement of Educational Institution

To be completed by School Counsellor/School representative

This form will help the Student Admission office establish a reliable and complete overview of information about the student's educational background in more detail than the grade list alone. Submission of this form ensures that the applicant's eligibility is accurately and promptly assessed for admission.

## Information: student

First name(s)

Last name(s)

Date of Birth (dd/mm/yyyy)


## Information: school

The Undersigned certifies that the above-named student is currently a student at the following school\*:

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*\*Please give the full name and address of the school, including the country where the school is located.*

Profile/program/specialization/section/stream/track/série (if applicable):

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Please indicate in Tables 1 and 2 below the subjects the student is following. Please indicate whether or not the subject is a final examination subject, and if so, whether the exam will be a school exam or a central exam, such as a national exam, an International Baccalaureate (IB) exam, a European Baccalaureate (EB) or an Advanced Placement (AP) exam.

**Table 1: Final examination subjects**

Final examination subjects	Level	Teaching hours per week (1 lesson = 1 teaching hour)	Predicted grade (if applicable)	Central examination
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

*\*For applicants completing an American High School Diploma: Please list all AP courses and indicate which AP courses/exams have already been taken or will be taken. Please note that only AP exams administered by the College Board are accepted.*

Table 2: Additional subjects taken during the final year			
Subject name	Level	Teaching Hours per week	Predicted grade (if applicable)

The above-named student is expected to graduate on/receive the diploma/certificate on (dd/mm/yyyy)\*:

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*\*If the exact date of graduation is not yet known, please add only the month and year in which the student will graduate. This date should be before September 1.*

with the following diploma (please write the official name of the diploma in the original language, and if this is not already the case, in the Latin/Roman alphabet):

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I can confirm that the above information is true at the date of signature.

Date (dd/mm/yyyy)

Name school counselor / representative

E-mail address school counselor / representative

Signature school counselor / representative


School stamp

(The form may expand as you complete it. If it extends beyond 1 page in length, please stamp all pages of this form)