



الموضوع:

Proof of Graduation
for submission to the Cultural Office Saudi Arabia

Kindly return the form to us by Email: authentication@sacuof.org, Fax: +49 (0)30 2693 407 48 or Post

Date: _____

Institution / School Name & Address: _____

Student Name: _____ Date of Birth: _____

We are pleased to verify that the above named student successfully completed all the academic requirements of the following degree

Degree	Graduation date	Field of Study
The degree program was conducted as a (Full/Part Time Program)		
The degree program was delivered by distance learning (Yes/No)		
Number of E-learning Courses included in the program		
Number of E-learning Courses completed by the Student		

Sincerely,

signature



for internal use – Cultural Office Saudi Arabia

ملاحظات الموظف المختص في الملحقية

لا	نعم	الجامعة موصى بها في قائمة الوزارة
لا	نعم	الجامعة معتمدة في بلد المنشأ
لا	نعم	الشهادة صادرة من جامعة افتراضية
لا	نعم	الدراسة تمت بالانتساب أو التفرغ الجزئي
		الجنسية