

# Sample Letter

## SAMPLE GRADUATION PROOF LETTER

Date of Letter

To Whom It May Concern:

The following students graduated from the Surgical Technology program at (College Name) on MM/DD/YYYY, receiving an AAS/Diploma/Certificate.

(The following students have been awarded a graduation certificate in Surgical Technology on MM/DD/YYYY.)

Names of students  
Names of students  
Names of students

Program director's signature  
Program director's name  
Title  
Phone number  
Email address

\*signature from Dean or Registrar will also be accepted\*



School Letterhead