

ACE MINISTRIES

APPLICATION FOR GRADUATION CERTIFICATE

Please ensure that this form is completed in its entirety before forwarding it to the Graduations Department.

SCHOOL DETAILS

Date of Submission: _____ Customer No: _____

Name of School: _____

Have you achieved Silver Status: Yes No

Name of Regional Representative: _____

LEARNER DETAILS

Surname of Learner: _____

First name/s of Learner: _____

ACADEMIC/CERTIFICATE DETAILS

Certificate Applied for (tick the correct box):

- College Entrance (SA Honours) – with exemption equivalence (SAT/AARP score required)
- College Entrance – with exemption equivalence (SAT/AARP score required)
- College Entrance
- General Certificate
- Vocational Certificate

Date the Certificate will be required: _____
(If this is not filled in, the date will be the date on which the certificate is processed at National Office.)

Actual Date of Graduation: _____ (ie. Date of Presentation of Certificate)
(If this is not filled in, the date will be the date on which the certificate is processed at National Office.)

SAT/AARP results submitted: Yes No AARP results submitted: Yes No

Cheque/proof of payment enclosed for R375 payable to ACE National Office.

ACE Banking Details for Graduation fee payments:

Account Name: ACE National Office
Account Number: 01 009 421 081
Bank: ABSA
Branch Code: 510 829

Yes No

Please post this form (do not fax) with all necessary supporting documentation, at least 3 months before a certificate is required, to:

***The Graduations Department
c/o ACE Ministries, PO Box 22072, Glenashley, 4022***