

# CERTIFICATE OF COMMENDATION

## DUAL CREDIT PROGRAMMING



**[INSERT SCHOOL NAME]**

takes pleasure in congratulating

**[INSERT STUDENT NAME]**

for successfully completing the requirements of  
Dual Credit Programming in the area of [INSERT COURSE/PROGRAM]  
in accordance with the criteria of  
Northern Gateway Public Schools and Alberta Education

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Principal

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School Off Campus Teacher

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Date

[INSERT SCHOOL LOGO HERE]

[POSITION LOGO BEHIND TEXT]



**Northern Gateway**  
Public Schools