

APPLICATION FOR GRADUATION

For Graduate School

___ Trimester, School Year _____ to __

Photo 2"x2" in formal attire with white background and name (Last, First Middle Name)

PLEASE FILL IN ALL ITEMS

A. Name:				Student No.:		
	(Last Name,	First Name	Middle Name) and (Jr., I, II, III)	Contact No.:		
Complete /	Address:			Date of Birth:		
Course Applied for:			Ma	Major:		
Civil Statu	is: Single Mai	ried Gender: Ma	ale Female Height:	E-mail Add:		
Name of P	Parent / Guardian:			Religion:		
Bachelor's	Degree/Master's De	egree:	Sc	hool Last Attended:		
Course and	d Year Graduated:		Sc	hool Address:		

В.	PRESENT LOAD / SUBJECTS	UNITS	PRINTED NAME OF INSTRUCTOR	SIGNATURE OF INSTRUCTOR
	Total No. of Units presently enrolled		Units	

I hereby promise in case of approval of my graduation to participate in all activities and pay the required fees.

Signature over Printed Name

Director

C. EVALUATION OF RECORDS BY THE DEAN

The Dean or Head check and evaluate the records of the students thru the evaluation form provided by the Office of the University Registrar and to be resubmitted by the student to the University Registrar with this application.

APPROVED FOR RECOMMENDATION

College Dean

DATE FILED:

Requirements:

Original Transcript of Records (for transferees) Certificate of Live Birth from PSA (Photocopy)

Marriage Certificate from PSA (for married female)

2 pcs. 2x2 picture (colored with complete name) LN, FN MN

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