



## APPLICATION FOR GRADUATION For Graduate School

\_\_\_\_\_ Trimester, School Year \_\_\_\_\_ to \_\_\_\_\_

### 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:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Civil Status:**  Single  Married **Gender:**  Male  Female **Height:** \_\_\_\_\_ **E-mail Add:** \_\_\_\_\_

**Name of Parent / Guardian:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Bachelor's Degree/Master's Degree:** \_\_\_\_\_ **School Last Attended:** \_\_\_\_\_

**Course and Year Graduated:** \_\_\_\_\_ **School Address:** \_\_\_\_\_

**B.**

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

### 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**

**APPROVED:**

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Director

**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
- 2 pcs. Documentary Stamp (BIR)