



APPLICATION FOR DIPLOMA

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DUPLICATE

BILLING NO. _____

Amount: _____

I hereby apply for clearance and issuance of my diploma.

PLEASE PRINT LEGIBLY

Signature

NAME: _____
First Middle Last

STUDENT NO. : _____ NATIONALITY: _____ CONTACT NO. : _____

ADDRESS : _____

DEGREE : _____ DATE OF GRADUATION : _____

SPECIALIZATION (for Graduate Studies only) : _____

Applicant also hereby allows the University to release and use the above stated information for legitimate purposes and allow the release only to authorized personnel in accordance with the Data Privacy Policy of the University.

A **letter of authorization** to transact business or to claim records is required if the applicant himself is unable to do so.

CLEARANCES:

Bookstore _____ ELC _____
Cardinal & Gold (OSA) _____ ILMO _____
Center for Guidance and Counselling _____ NSTP _____
Center for Career Services _____ NAMA Office _____
Office of the Prefect of Discipline _____ Dean's Office _____
Office of the Registrar (PSC) _____ Library _____
Thesis Title: _____ Treasury Department _____

Return this form to the Office of the Registrar
Customer Service Section upon payment

Signatures verified and all data certified and correct.

CUSTOMER SERVICE SECTION	TREASURY	
Signature/Date	Assistant Treasurer	Payment Validation

To be filled out by the Office of the Registrar personnel only

Received for printing by/Date: Customer Service Section	Printed by/Date: Records Section Chief	OK for signature of Dean and President: University Registrar
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I hereby acknowledge receipt of my diploma.

Signature over printed name/Date	Authorized Representative Signature over printed name/Date	Released by/Date: Customer Service Section
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