



**APPLICATION FOR GRADUATION
(Baccalaureate Degree)**

Document No.: FM-RO-36-01

Effective Date: July 28, 2017

NAME : _____
Last First Middle

DEGREE : _____ STUDENT NO. _____

NATIONALITY: _____ ADDRESS : _____

DATE OF BIRTH : _____ GENDER : _____ TEL. NO. _____

EMAIL ADD : _____ MOBILE NO. : _____

HONORS/AWARDS (if any)

Will you graduate with honors? Yes No Not Sure GWA: _____

THESIS

QUARTER/AY Completed: _____

TITLE: _____

UPLOADED: Yes No Waiver

OFFICE OF THE PREFECT OF DISCIPLINE : _____

I would like to have my name included in the list of graduates for the _____ quarter, AY _____.

IMPORTANT NOTICE:

1. Please submit this form to your respective Program Section Chief at the Office of the Registrar.
2. Your name will not be included in the list of Qualified Candidates for Graduation if you fail to submit this form.

Student's Signature/Date

Verified by/Date:

Program Section Chief

REMARKS:



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