



APPLICATION FOR GRADUATION

IMPORTANT

Please write in **BLOCK LETTERS ONLY**.

Please provide all information required in this form.

Incomplete forms will not be processed.

STUDENT NUMBER

PROGRAM

INTAKE (mo/yr)

NAME OF STUDENT

LAST NAME

FIRST NAME

MIDDLE NAME

CONTACT NUMBER

EMAIL ADDRESS

- Only students who have completed all the requirements of their program may be allowed to graduate. The requirements are as follows:
 - Completion of all modules in the program curriculum applicable
 - Submission of all admission credentials required of the student
 - Settlement of all current financial and other obligations to the institution to date
 - Clearance from the different departments of the institution indicated in this form
- Student should check the bulletin boards if their name is included in the Official List of Graduates and pay the fees pertinent to their graduation

MODULES CURRENTLY ENROLLED
TO COMPLETE THE PROGRAM

EXPECTED PROGRAM COMPLETION DATE

April 20__

Summer 20__

September 20__

December 20__

I AM GRADUATING WITH HONORS

Yes

Not Sure

No

IF YES, PLS. CHECK ONE THAT APPLIES

With High Distinction

with Distinction

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ANY ADJUSTMENTS PERTINENT TO MY REQUEST WILL BE SUBJECT TO ADMINISTRATIVE CHARGES WHEN APPLICABLE AND THAT THE APPROVAL / DENIAL OF MY APPLICATION IS THE INSTITUTION'S PREROGATIVE.

RECEIVED BY :

SERVICE OFFICER ON DUTY

DATE RECEIVED :

STUDENT'S PRINT NAME AND SIGNATURE

DATE

SERVICES VALIDATION

CLEARANCE (Please route in sequence)

A LIBRARY AND MEDIA CENTRE

PRINT NAME AND SIGNATURE

DATE

E SUPPORT SERVICES

AUTHORIZED SIGNATURE

DATE

B INFIRMARY

AUTHORIZED SIGNATURE

DATE

F STUDENT SERVICES

AUTHORIZED SIGNATURE

DATE

C STUDENT AFFAIRS

AUTHORIZED SIGNATURE

DATE

G OFFICE OF THE BURSAR / REGISTRAR

AUTHORIZED SIGNATURE

DATE

D ACADEMICS

AUTHORIZED SIGNATURE

DATE

H ACCOUNTING

AUTHORIZED SIGNATURE

DATE

REMARKS / COMMENTS :