



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		
	<div style="display: flex; justify-content: space-between;"> LAST NAME FIRST NAME MIDDLE NAME </div>		
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 <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>											EXPECTED PROGRAM COMPLETION DATE <input type="checkbox"/> April 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> September 20____ <input type="checkbox"/> December 20____	I AM GRADUATING WITH HONORS <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure <input type="checkbox"/> No IF YES, PLS. CHECK ONE THAT APPLIES <input type="checkbox"/> With High Distinction <input type="checkbox"/> 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 : <div style="text-align: center; border: 1px solid black; padding: 5px;">SERVICE OFFICER ON DUTY</div> DATE RECEIVED : 	SERVICES VALIDATION
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STUDENT'S PRINT NAME AND SIGNATURE DATE

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 :