

APPLICATION FOR GRADUATION

For Undergraduate

Semester, School Year

PLEASE FILL IN ALL ITEMS

2X2 PHOTO (2 PCS.) COLORED with WHITE BACKGROUND with name tag (Last, First Middle Name)

A. Name:				Student No.:		
	(Last Name,	First Name	Middle Name) and (Jr., I, II, III)	Contact No.:		
Complete	Address:			Date of Birth:		
Course Ap	oplied for:		Ma	Major:		
Civil Statu	us: Single Ma	rried Gender: Ma	ale Female Height:	E-mail Add:		
Name of P	Parent / Guardian:			Religion:		
School Last /	Attended (Senior High S	Sc	School Address:			
School Last /	Attended (if transferee):		Sc	hool Address:		
	-					

в.	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 In-charge of Records with this application for Approval of the Director.

APPROVED FOR RECOMMENDATION

College Dean	

DATE FILED:

Requirements:

Form No.: TSU-OAR-SF-24

Form 137-A / SF-10 (Original Copy) 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

Revision No.: 01

Effectivity Date: May 9, 2025

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Deficiency:

APPROVED:

Director