



**Graduate Office, College of Science**  
University of the Philippines  
Diliman, Quezon City

**APPLICATION FOR GRADUATION**

**Instructions to Applicant :** Submit the filled up form to the Graduate Office not later than the scheduled deadline for the Semester / Summer in which you expect to graduate.

**Name :** \_\_\_\_\_ **Student No. :** \_\_\_\_\_  
{Last} {First} {Middle/Maiden}

**Degree Program :** \_\_\_\_\_ **E-mail Address :** \_\_\_\_\_

**Telephone No. / Fax No. / Cell Phone No. :** \_\_\_\_\_

**RECOMMENDED BY :****ENDORSED BY :**

\_\_\_\_\_  
Program /Thesis / Dissertation Adviser

\_\_\_\_\_  
Chair, Graduate Committee

Date : \_\_\_\_\_

Date : \_\_\_\_\_

**Authorization to Release Personal Information :**

I am authorizing the Graduate Office to release the above personal information for the following purposes :  
(Please check all applicable items).  1. Phi Kappa Phi  2. Phi Sigma  3. employment opportunities  
 4. research studies  5. statistical surveys

I am not allowing the Graduate Office to release any of the above personal information .

\_\_\_\_\_  
*Signature*

<b>Degree (s) Obtained</b>	<b>School (s) were obtained</b>	<b>Year of Graduation</b>

**Thesis / Dissertation Adviser :**

<b>Name :</b> _____	<b>Institute/Program :</b> _____
---------------------	----------------------------------

**Co-Adviser (if Any)**

<b>Name :</b> _____	<b>Institute/Program :</b> _____
---------------------	----------------------------------



UNIVERSITY OF THE PHILIPPINES DILIMAN

*Office of the University Registrar*

Phone 981-8500 ext. 4551, 4552, 4553 / 927-6084 \* P.O. Box 161, Diliman, QC 1101 \* email: our@upd.edu.ph

07 May 2018

OUR Memorandum No. MTTP 2018-10

To: College Secretaries & Graduate Program Coordinators

From:

  
MA. THERESA T. PAYONGAYONG, PhD  
University Registrar

**Subject: Data Privacy Consent Form**

---

As suggested by the UP System Data Protection Officer, Atty. Marcia Ruth Gabriela Fernandez and UP Diliman Data Protection Officer, Atty. Elson Manahan, may we request the College Secretaries and Graduate Program Coordinators to ask their candidates for graduation to sign the attached data privacy consent form?

Thank you.

cc: College Deans  
OVCAA  
OVCSA

OFFICE OF THE UNIVERSITY REGISTRAR  
UNIVERSITY OF THE PHILIPPINES DILIMAN

DATA PRIVACY CONSENT FORM

In the event my graduation is approved by the University's Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines Diliman to publish my name and latest degree that I earned including any honors received (as well as any previous degrees earned), in the program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the graduation program may be accessed by members of the public.

I further confirm that the University, through the UP System Office of Alumni Relations (OAR) and other appropriate offices are authorized to provide my name, degree(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its chapters so as to enable the University to comply with R.A. 9500.

\_\_\_\_\_  
Signature Over Printed Name of Student

Date Signed : \_\_\_\_\_

O.U.R. Copy

---

---

OFFICE OF THE UNIVERSITY REGISTRAR  
UNIVERSITY OF THE PHILIPPINES DILIMAN

DATA PRIVACY CONSENT FORM

In the event my graduation is approved by the University's Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines Diliman to publish my name and latest degree that I earned including any honors received (as well as any previous degrees earned), in the program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the graduation program may be accessed by members of the public.

I further confirm that the University, through the UP System Office of Alumni Relations (OAR) and other appropriate offices are authorized to provide my name, degree(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its chapters so as to enable the University to comply with R.A. 9500.

\_\_\_\_\_  
Signature Over Printed Name of Student

Date Signed : \_\_\_\_\_

College Copy