CS-OCS Form No. 21 (Rev. 1.30.2018)

OFFICE OF THE COLLEGE SECRETARY
COLLEGE OF SCIENCE
University of the Philippines
Diliman, Quezon City

APPLICATION FOR GRADUATION

Instruction to the Applicant: Before filling up this form, claim your evaluation at the Office of the College Secretary, one week before regular registration. It is your responsibility to submit the required certification (PE, APE) /substitution form, to this office and to clear your deficiencies on time.

Name: _____ Student No.: _____
Last Name First Name Middle/Maiden Name

Local Address: _____

Permanent Address: _____

Telephone No. / Cell Phone No.: _____ Email Address: _____

Degree Program: _____ Thesis Adviser: _____

Thesis Title: _____

I expect to fulfill all the degree requirements by the end of _____ Semester, AY _____

If yes, please check the appropriate box/es:

[ ] I am a candidate for honors
[ ] I was always on regular load (at least 15 units per semester)
[ ] I was underload during the _____ Semester, AY 20___ - 20___ due to _____
[ ] I am a transferee from another school
[ ] I am a shiftee

_____
Signature over printed Name

SCHEDULE OF CLASSES THIS SEMESTER

SUBJECTS	TIME	DAYS	ROOM

AUTHORIZATION TO RELEASE PERSONAL INFORMATION:

[ ] I am authorizing the Office of the College Secretary to release the above personal information for the following purpose/s. (Please check all applicable items)

[ ] 1. Employment opportunities [ ] 2. Research Studies [ ] 3. Statistical surveys

[ ] I am not allowing the Office of the College Secretary to release any of the above personal information.

_____
Signature over printed name