

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

APPLICATION FOR GRADUATION

Instruction to the Applicant: After filling-out this form, claim your academic evaluation at the Office of the College Secretary, one week before regular registration. *It is your responsibility to submit the necessary requirements needed for graduation, if any* (e.g. Official Transcript of Records i.e. from previous school, substitution, certified copy of grade sheet, change of matriculation, etc.) to this office and to clear your deficiencies on time.

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

Local Address: _____

Permanent Address: _____

Cellphone No.: _____ Email Address: _____

Degree Program: _____

Thesis Title: _____

Expected to fulfill all the degree program requirements by the end of _____ Semester, AY _____

Please check the appropriate box/es:
☐ I am a candidate for honors with no underload
☐ I am a candidate for honors but with underload, during the _____ Semester, AY _____
due to (please state the reason for underloading): _____
☐ I am a transferee from another school

ENROLLED SUBJECT THIS SEMESTER

SUBJECT	UNITS	SUBJECT	UNITS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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REMAINING SUBJECTS (TO BE TAKEN THE FOLLOWING SEMESTER)

| SUBJECT | UNITS | SUBJECT | UNITS |
|---------|-------|---------|-------|
| _____   | _____ | _____   | _____ |
| _____   | _____ | _____   | _____ |
| _____   | _____ | _____   | _____ |
| _____   | _____ | _____   | _____ |

Noted:

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

\_\_\_\_\_  
Printed Name and Signature of Program Adviser

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