



**University of the Philippines
Diliman
COLLEGE OF SCIENCE
APPLICATION FOR GRADUATION**

To the student applicant: Fill out ALL the applicable details in this form. Indicate NA if not applicable.

Student Number	Degree Program & Major	Expected Graduation <input type="checkbox"/> 1S <input type="checkbox"/> 2S <input type="checkbox"/> MY <input type="checkbox"/> T <input type="checkbox"/> 2T <input type="checkbox"/> 3T AY: _____		
Last Name	First Name	Middle Name		
Permanent Home Address	Contact Number	Email Address		
Did you apply for a change of name while studying in UP? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please state previous name:				
Lived name¹ (optional):				
Educational Background	School Attended	Degree/Program	Graduation Year	Honors Received
Bachelors/Undergraduate				
Post-Baccalaureate/ Diploma				
Masters				
Doctorate				
<i>(To be filled out by the Office of the College Secretary)</i>				
Graduation fee:				
Amount paid:	Official Receipt Number:	Date of Payment:		
Received by:		Date received:		

¹ It refers to the name that transgender and gender non-conforming people often live by that affirms their gender identity and/or expression (GIE) which is usually different from their legal name (or "dead name")

DATA PRIVACY CONSENT FORM FOR CANDIDATES FOR GRADUATION

I certify, understand and agree that:

The University of the Philippines which refers to the University of the Philippines (UP) System and its Constituent University (CU) in (insert CU) requested me to carefully read and review this data privacy consent form before I accomplish, sign and submit the same as UP is committed to comply with the provisions of the Data Privacy Act of 2012 (DPA) in processing my personal information and sensitive personal information (personal data).

I previously read the revised UP Privacy notice for students and understand that my application for graduation will be processed by UP pursuant to its exercise of academic freedom without need of my consent.

I am free to consent or not consent to all, some or none of the processing activities stated below that UP is proposing to conduct upon my personal data such that my decision to grant or refuse consent for such activities will not have any bearing on my application for graduation.

The term “lived name” which is used solely for the specific activities mentioned below for this consent form refers to the name that transgender and gender non-conforming people often live by that affirms their gender identity and/or expression (GIE) which is usually different from their legal name (or “dead name”).

In the event my graduation is approved by the duly authorized officials of the University of the Philippines System, upon the recommendation of the proper University bodies, I grant my consent (by indicating a check mark ✓) or do not grant my consent (by using an x) in the appropriate box pursuant to the DPA to:

- ☐ (check ✓ if you consent, x if you do not consent) the University of the Philippines (insert CU) to publish my full name [first middle initial or full middle name (NOTE: whatever is the practice in the CU) and last] or my lived name, if any that I have indicated in my application for graduation, the latest degree that I earned, any honors received, as well as any previous degrees earned, in the souvenir program to be distributed during the commencement exercises. I understand that while UP (insert CU) limits the distribution of the souvenir program to authorized UP officials and personnel as well as bona fide graduates, there is a risk that my personal data may be disclosed to third parties. In order to further mitigate such risk, UP reminds graduates that the personal data in such program must be processed (used, stored etc) in keeping with the right to privacy of all concerned through this form as well as through a similar notice contained in the program.
- ☐ (check ✓ if you consent, x if you do not consent) the University of the Philippines (insert CU) to broadcast via video and audio my full name or my lived name if any that I have indicated in my application for graduation, the latest degree that I earned, any honors received, take my photograph/s as well as capture my image during my graduation and broadcast the same via the virtual program to be produced, live streamed and posted for a period of one (1) month or thirty (30) days through UP (insert CU)’s websites and online media platforms. Such live streaming is being done for the benefit of graduates whose guests cannot travel to or be accommodated in the venue, etc. to view the event. I understand that such processing involves risks to my privacy in that members of the general public may access, view, take screenshots, record and/or download, etc. the same through such UP websites and online media platforms for one (1) month or thirty (30) days.

☐ (check ✓ if you consent, x if you do not consent) the University of the Philippines System Office of Alumni Relations (OAR) and other appropriate offices of (Insert CU) e.g. the Offices of the University Registrar, College Secretary, alumni relations offices etc. to provide my name, degree(s) and honor(s) earned, contact information as well as such other relevant personal information so as to enable the University of the Philippines Alumni Association (UPAA) and its chapters to effectively communicate with me as an alumnus or alumna of UP, as well as for such other necessarily related purposes for processing including the verification of my identity as a bona fide graduate of UP and the prevention of fraud, pursuant to the provisions of the U.P. Charter or R.A. 9500 which encourages the democratic participation of U.P. alumni and provides that the Alumni Regent is the elected President of the UPAA.

I understand that after a period of one (1) month or thirty (30) days UP shall delete the relevant video of the graduation from its websites and social media platforms and shall provide for the secure storage of a copy of such video as well as any photographs of the graduation pursuant to Sec. 11 (f) of the DPA which states Provided, That personal information collected for other purposes may lie processed for historical, statistical or scientific purposes, and in cases laid down in law may be stored for longer periods: Provided, further, That adequate safeguards are guaranteed by said laws authorizing their processing.

I undertake to obtain consent in compliance with the DPA from all my guests who physically attend my graduation for UP to capture via photographs and video their images for the broadcasting and posting of the same through UP's websites and social media platforms for a period of one (1) month or thirty (30) days in the event that their images are processed by UP during my graduation and shall hold UP free and harmless from any liability for violation of the DPA and other related laws.

I previously read the revised UP Privacy Notice for students as well as this consent form and have therefore been informed of my data privacy rights to information, access, the right to object to the processing of my personal data, deletion, to lodge a complaint with the National Privacy Commission for the violation of my data privacy rights and the right to receive damages for such violation pursuant to a valid order of the proper public authority and how I may exercise the same.

I confirm that the revised UP Privacy Notice for students which I have read apprised me of other data privacy risks in the processing of my personal data and the control measures used by UP to address the same including those found in the UP System Data Privacy Manual approved by the Board of Regents.

While I have the right to correct my personal data, it is my duty to keep my personal data for the abovementioned purpose(s) updated by sending an email or letter to the proper UP (insert CU) Office of the University Registrar (OUR) and College Secretary.

If I wish to withdraw consent for the processing of my personal data for the abovementioned purpose(s) that I ticked or checked above, I may do so by sending a letter or email to the proper UP (insert CU) Office of the College Secretary (OCS) that received this data privacy consent form. Such office shall inform other relevant offices such as the University Registrar and the UP System OAR and CU alumni relations office if applicable. I will attach a copy of my UP ID or a valid government issued ID card to such letter or email so that the OCS, OUR and other UP offices will be able to verify my identity.

Such withdrawal of consent will apply only prospectively (withdrawal shall not affect the lawfulness of the processing before the withdrawal of such consent) and only for the purpose(s) for processing mentioned in my letter or email and will not affect any other processing which UP has to perform in order to exercise its academic freedom, comply with its legal obligations or any such other processing allowed by the DPA and other applicable laws.

The withdrawal of consent for including my personal data in the graduation program and for the disclosure of my personal data to the UPAA and its chapters should be done within a period of (NOTE: to be determined by the relevant University Registrar in the exercise of her/his sound discretion as there may be different contexts and circumstances in the CUs) days prior to the relevant graduation ceremony/ies.

The withdrawal of consent for capturing my personal data for the livestreaming and posting of the recording of the relevant graduation ceremony/ies must be done within a period of (NOTE: to be determined by the relevant University Registrar in the exercise of her/his sound discretion as there may be different contexts and circumstances in the CUs) days prior to such ceremony/ies in order to enable UP to make the necessary adjustments.

I am aware that for any data privacy queries regarding the processing done by the UP System Office of Alumni Relations I may contact the UP System Data Protection Officer through:

Via post

c/o Office of the President
2F North Wing Quezon Hall
(Admin Building) University Avenue,
UP Diliman, Quezon City 1101
Philippines

Through the following landlines

Phone | (632) 89280110; (632) 89818500 loc. 2521

Through email

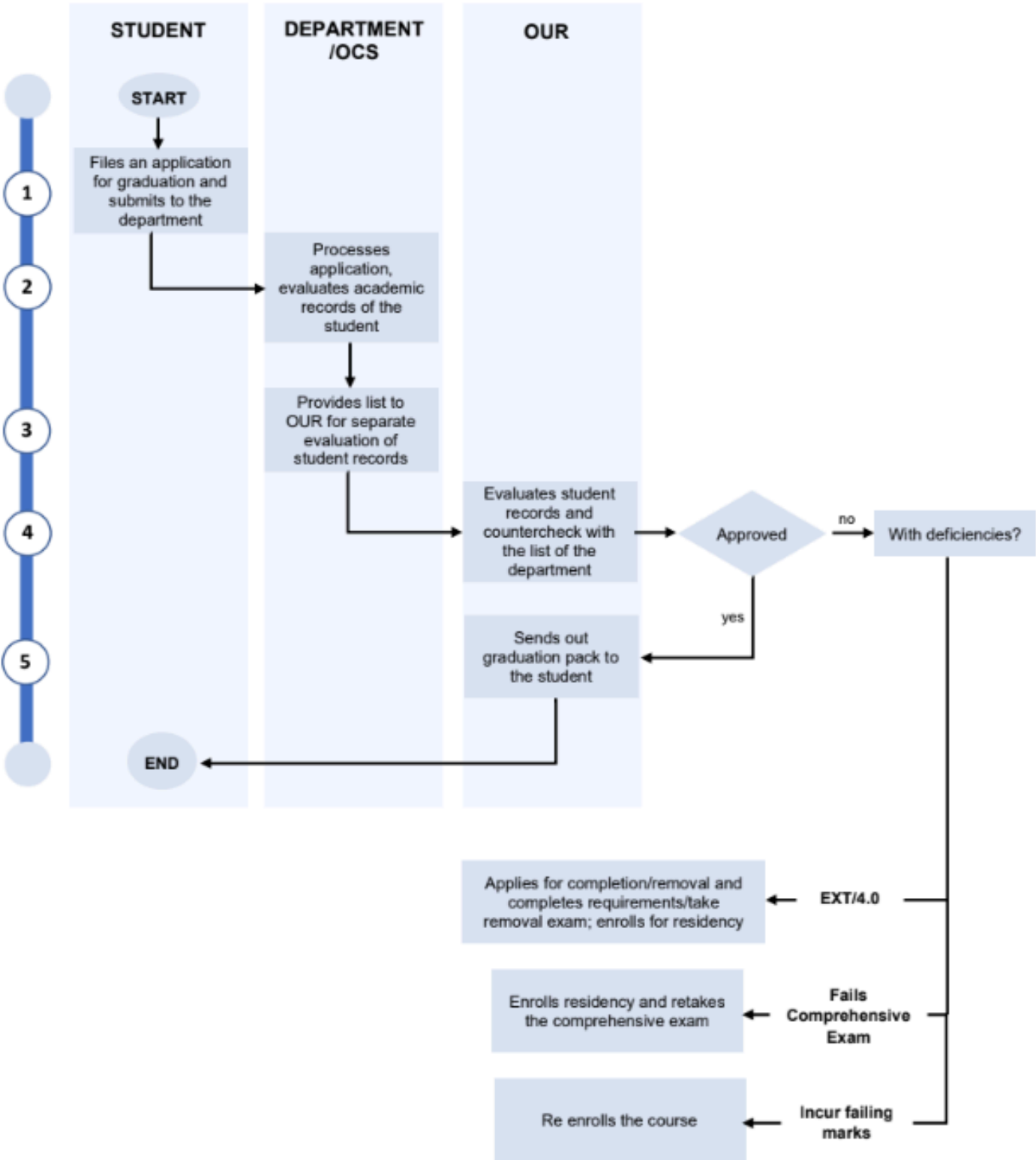
dpo@up.edu.ph

For any data privacy queries regarding the processing done by UP CU offices, I will contact the proper CU DPO (**dpo.updiliman@up.edu.ph**)

Signature above printed name of applicant

Date of signing: _____

Application for Graduation Flowchart



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