University of the Philippines
Diliman
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** ☐ 1S ☐ 2S ☐ MY ☐ 1T ☐ 2T ☐ 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? ☐ **YES** ☐ **NO**
If yes, please state previous name:

Educational Background	School Attended	Degree/Program	Graduation Year	Honors Received
Bachelors/Undergraduate				
Post Baccalaureate/Diploma				
Masters				
Doctorate				

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 the latest degree that I earned including any honors received, (as well as any previous degrees earned) in the souvenir program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the commencement program may be accessed by the public.

Furthermore, I am allowing the University to publish the same in the virtual program to be produced and live streamed. I understand that the University is seeking my consent as the graduation program is to be captured visually via photo and video and is accessible and viewable by the general public through online media platforms.

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 of Student

Endorsed:

_____
Name and Signature of Adviser

Attested:

MARIE CHRISTINE M. OBUSAN, PhD
Name and Signature of College Secretary

(To be filled out by the Office of the College Secretary)

Graduation fee:

Amount paid:	Official Receipt Number:	Date of Payment:
Received by:		Date received:

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

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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
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