SCIENCE EDUCATION INSTITUTE
Department of Science & Technology

Accelerated Science & Technology Human Resource Development Program
(UP Diliman-ASTHRDP)

Graduation Requirements

NAME: _____ DATE: _____

DEGREE & COURSE: _____

START OF SCHOLARSHIP: _____

STUDENT NUMBER: _____

DATE OF GRADUATION
(INDICATED IN THE TOR): _____

REQUIREMENTS CHECKLIST	✓
Thesis/Dissertation Hardbound copy	☐
Thesis/Dissertation Soft copy	☐
Certified True Copy of Diploma	☐
Original Copy of Transcript of Records	☐

NOTE: - All requirements must be submitted in hard copy.

For delivery:
Staff name: Samuel Montes Jr. / Yna Aviera-Ong
Contact no.: 09486568304
Address: Graduate Office, College of Science Admin Bldg., UP Diliman , Q.C.
Drop off: Basement guard

☞*To be fill out by ASTHRDP Staff only…*

EVALUATION: ☐ **Complete** ☐ **Incomplete**

REMARKS:

_____

_____

RECEIVED BY: _____

DATE RECEIVED: _____