



QUEZON CITY UNIVERSITY

673 Quirino Hi-way, San Bartolome, Novaliches Q.C.

OFFICE OF THE REGISTRAR

APPLICATION FOR GRADUATION

DATA PRIVACY CLAUSE: By completing this form, I hereby agree that Quezon City University may collect, use, disclose and process personal data to process this graduation application.		
<i>Please answer completely.</i>		
I have the honor to apply for graduation with and conferment of the Degree of:		
DEGREE PROGRAM		
<input type="checkbox"/> Bachelor of Science in Accountancy	<input type="checkbox"/> Bachelor of Science in Electronics Engineering	
<input type="checkbox"/> Bachelor of Science in Entrepreneurship	<input type="checkbox"/> Bachelor of Science in Industrial Engineering	
<input type="checkbox"/> Bachelor of Science in Entrepreneurial Management	<input checked="" type="checkbox"/> Bachelor of Science in Information Technology	
Indicate Academic Year and Semester		
<input type="checkbox"/> I Have completed the course requirements as of		
<input checked="" type="checkbox"/> I will complete the course requirements on	2024 2 ND SEM	
HONORS AND AWARDS		
1. Are you running for honors?	<input type="checkbox"/> Yes, my lowest grade is	
	<input checked="" type="checkbox"/> No	
2. Are you running for a Leadership Award?	<input type="checkbox"/> Yes, my lowest grade is	
	<input checked="" type="checkbox"/> No	
IMPORTANT: Only those students who have completed all requirements for graduation such as PE, NSTP, and other subjects as required by the University shall be allowed to graduate. Students who have just completed their course requirements during the first semester shall be included in the next regular graduation rite. ONLY THOSE WHO APPLIED FOR GRADUATION DURING THE DESIGNATED APPLICATION PERIOD SHALL BE INCLUDED IN THE LIST OF CANDIDATES FOR GRADUATION FOR THE ACADEMIC YEAR.		
PERSONAL INFORMATION		
NAME (as indicated in the PSA copy of the Birth Certificate or Marriage Contract if Married)		
Last Name:	First Name:	Middle Name:
SALINAS	SHERWIN	CARIÑO
Present Address: 22 DIZON STREET BAESA QUEZON CITY		
Permanent Address: 22 DIZON STREET BAESA QUEZON CITY		
Date of Birth: JULY 22 2001	Place of Birth: URDANETA PANGASINAN	
Student Number:	Contact Number:	Gmail Address:
20-2169	0931-911-9591	SHERWINSALINAS0722@GMAIL.COM
If HIGH SCHOOL GRADUATE (Old Curriculum) / SENIOR HIGH SCHOOL GRADUATE, Name of School:		
BESTLINK COLLEGE OF THE PHILIPPINES		
Address:		Date / Year Graduated in HS / SHS:
1071 BRGY, KALIGAYAN, QUIRINO HIGHWAY, NOVALICHES, QUEZON CITY		MARCH 27 2020
If TRANSFEREE, Name of University:		
Address:		No. of Semester/s Attended:
Do you have credited subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you Graduate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How many Units? 6 UNITS How many Subjects? 2		Course in the said University:
		BS IN INFORMATION TECHNOLOGY
I declare that all information provided in this application form are complete and Accurate. I understand that any information I provided may be checked/verified by QCU against original documents from institutions attended by me and/or with the respective school indicated in this form. I also understand that QCU reserved the right to disqualify me from the recognition/graduation I applied for based on incorrect, incomplete, fraudulently obtained, and/or false information I supplied. I am aware that non-submission of this form on or before the deadline set by the Office of the Registrar will mean Non-inclusion of my name in the list of candidates for graduation.		
Student's Signature		DATE
		FEBRUARY 08, 2024
		Date Applied