

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.					
Please answer completely.					
I have the honor to apply for graduation with and conferment of the Degree of:					
DEGREE PROGRAM					
☐ Bachelor of Science in Accountancy ☐ Bachelor of Science in Electronics Engineering					
Bachelor of Science in Entrepreneurship			Bachelor of Science in Industrial Engineering		
☐ Bachelor of Science in Entrepreneurial Managemer		ent		nelor of Science in Information Technology	
			Indicate Academic Year and Semester		
☐ I Have completed the course requirement		ents as of			
☐ I will complete the course requirements on					
HONORS AND AWARDS					
Are you running for honors?		☐ Ye	☐ Yes, my lowest grade is		
		□No	□ No		
2. Are you running for a Leadership Award?		☐ Ye	☐ Yes, my lowest grade is		
		☐ No	□ 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.					
DEDCOMAL INCODMATION					
PERSONAL INFORMATION					
NAME (as indicated in the PSA copy of the Birth Certificate or Ma			or ivia		
Last Name:	First Name:			Middle Name:	
Present Address:					
Permanent Address:					
Date of Birth: Place of Birth:					
Student Number:	Contact Number:			Gmail Address:	
If HIGH SCHOOL GRADUATE (Old Curriculum) / SENIOR HIGH SCHOOL GRADUATE, Name of School:					
Address:				Date / Year Graduated in HS / SHS	
Address.			Date / fear Graduated III no / Sno		
If TRANSFEREE, Name of University:					
A datas a se				No. of Semester/s Attended: Did you Graduate	
Address:			No. of Semester/s Attended: Did you Graduate		
Do you have credited subjects? ☐ Yes ☐ No			Course in the said University:		
How many Units? How many Subjects?					
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.					
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Student's Signature			Date Applied		