



Reference No.: BatStateU-FO-REG-10

Effectivity Date: May 18, 2022

Revision No.: 02

**APPLICATION FOR GRADUATION****STUDENT INFORMATION**

|  |   |  |                                      |                    |   |
|--|---|--|--------------------------------------|--------------------|---|
| SURNAME:   |   | FIRST NAME:  |                                      | MIDDLE NAME:       | EXTENSION NAME:<br><i>(if applicable)</i> |
| SR CODE:   |   | BIRTHDATE:<br>(MM/DD/YYYY)   |                                      | PLACE OF BIRTH:    |   |
| HOME ADDRESS:<br><hr/> <hr/>   |   | ZIP CODE:  |                                      |                    |   |
|  |   | CONTACT NUMBER:  |                                      |                    |   |
|  |   | EMAIL ADDRESS:   |                                      |                    |   |
| SECONDARY SCHOOL<br>GRADUATED:   |   |  |                                      | YEAR<br>GRADUATED: |   |
| ELEMENTARY SCHOOL<br>GRADUATED:  |   |  |                                      | YEAR<br>GRADUATED: |   |
| DATE OF GRADUATION:  | <input type="checkbox"/> DECEMBER, 20____ |  | <input type="checkbox"/> MAY, 20____ |                    | <input type="checkbox"/> MIDTERM, 20____  |
| COLLEGE:   |   |  |                                      |                    |   |
| PROGRAM:   |   |  |                                      |                    |   |
| MAJOR:   |   |  |                                      |                    |   |
| Requested by:<br><br><hr/>   |   | Evaluated by:<br><br><hr/>   |                                      |                    |   |
| Signature over Printed Name of Student<br>Date Signed:                                 |   | Signature over Printed Name of Registrar's Staff<br>Date Signed:                   |                                      |                    |   |
| Reviewed by:<br><br><hr/>  |   | Approved by:<br><br><hr/>  |                                      |                    |   |
| Signature over Printed Name of College Dean/<br>Head, Academic Affairs<br>Date Signed: |   | Signature over Printed Name of Authorized Official<br>Designation:<br>Date Signed: |                                      |                    |   |

**DATA PRIVACY AGREEMENT:**

In submitting this form, I agree that my details be utilized for evaluating my academic records and for other purposes relevant to my graduation. I also agree that the information I have indicated in this form be made available to the university, and to other external agencies, groups and individuals for scholastic, research and employment purposes.

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Signature over Printed Name of Student

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**REMINDER:** It is understood that should this application be approved, the candidate MUST COMPLY WITH ALL THE REQUIREMENTS FOR GRADUATION before the Academic Council Meeting such as:

1. Photocopy of the Approval Sheet of Thesis/Dissertation
2. Certificate of Submission of hardbound copy of thesis in the Library

**PROCEDURE**

1. Secure and fill-out completely the Application for Graduation Form.
2. Go to the Registrar's Office for Evaluation.
3. Proceed to your Dean's Office for the review of the application.
4. Submit the application form to the Registrar's Office.
5. Wait for the confirmation of the Registrar's Office regarding the status of application.
6. After the confirmation, pay the required fees.
7. Submit to the Registrar's Office the receipt of payment for recording.