RIZAL TECHNOLOGICAL UNIVERSITY
Cities Of Pasig And Mandaluyong

STUDENT RECORDS AND ADMISSION SERVICES
APPLICATION FOR GRADUATION

February 11, 2025
Date Filed

Picture 2 x 2 inches	Student Number: **2 0 2 1 - 1 0 2 4 6 3**

Name of student: ____MADRISTA____ ____MARK WILLIAM____ ____SAMONG____
(Surname) (Given Name) (Middle Name)

CANDIDATE FOR GRADUATION
SEMESTER **2S** **SCHOOL YEAR** **2024**

Complete Name of Program: **Bachelor of Science in Information Technology**

Permanent Address: #58 Zone 5 Daisy St Blk 41 Addition Hills Mandaluyong City Metro Manila

Birthday: November 27, 2000   Sex: **/** M ____ F

Email Address: madristamarkwilliam@gmail.com   Contact No.: 09982881916

Elementary School Graduated: ____   Year Graduated: 2013

High School Graduated: ____   Year Graduated: ____
(if under BEC curriculum)

Junior High School Completer: Hiinaplanan National High School   Year Completed: 2017

Senior High School Graduated: STI College   Year Graduated: 2019

If Transferee, last school attended: ____   Semester: ____ SY: ____

Authorization to release Personal Information:

[ ] I am authorizing SRAS Office to release the above information for the following purposes:

　[ ] employment opportunities 　　　[ ] research studies 　　　[ ] statistical survey

[ ] I am not allowing SRAS Office to release any of the above information

Subject/s Enrolled at Present: SY: 2024   Term: 2S

Subject Code	Subject Description	Units
GE-ELEC6	Environmental Science	3.00
GE06	Art Appreciation	3.00
ITP421	Systems Administration and Maintenance	2.00
ITP420	Capstone Project and Research 2	3.00
TECHNO	Technopreneurship	3.00
ITP421L	Systems Administration and Maintenance Laboratory	1.00
	Total no. of units:	**15.00**

Mark William Madrista
Applicant's Signature over printed name

The ACCEPTANCE of this Application does not mean the approval of my graduation. It is understood that my graduation must be evaluated and subjected to the provisions of the University Code specifying the requisites of candidates for graduation.

RECOMMENDED BY: ENDORSED BY:

LEA S. NISPEROS   CORLETO R. BRAVO
Department Head   College Dean

Verified by:

____
(Print Name and Signature)
SRAC Evaluator

Remarks: ____
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