2x2 Iccccx

*Instructions:*

1. *Fill up this form completely and accurately. Print or type the information requested.*

2X2 PHOTO

1. *Application for graduation will only be processed once the student is cleared of all academic obligations as certified by the Program Chair; financial obligations as certified by the campus cashier and other properties and requirements as identified by other offices in the College*

**TO THE REGISTRAR:**

*I HAVE THE HONOR TO APPLY FOR GRADUATION FOR THE DEGREE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THIS \_\_\_\_ SEMESTER FOR SCHOOL YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | | **MIDDLE NAME** | | | **SUFFIX (IF ANY)** |
|  |  | |  | | |  |
| **PERMANENT ADDRESS** |  | | | **MOBILE NUMBER** |  | |
| **OFFICE NAME AND ADDRESS** |  | | | **TELEPHONE NUMBER** |  | |
| **SCHOOL YEAR ADMITTED TO CGS** |  | **LAST TERM ATTENDED IN CGS** | | |  | |
| **DATE OF COMPREHENSIVE EXAM** |  | **DATE OF FINAL DEFENSE** | | |  | |
| **TITLE OF THESIS/DISSERTATION** |  | | | | | |

**--------------------------------------- C L E A R A N C E -----------------------------------------**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRAM CHAIR**  Cleared of all academic requirements including submission of hard-bound thesis/dissertation |  | **LIBRARY**  Cleared of all library properties and other financial obligations |  |
| **SBO ADVISER/TREASURER**  Cleared of all obligations from the Student Body Organization |  | **CASHIER**  Cleared of all financial obligations in the College and University |  |
| **REGISTRAR**  Cleared of all academic obligations as certified by the professors and Porgram Chair |  | **DEAN**  NOTED/Approved |  |

*I CERTIFY THAT ALL ABOVE INFORMATION ARE TRUE AND CORRECT; I FURTHER CERTIFY THAT I HAVE COMPLETED ALL ACADEMIC REQUIREMENTS LEADING TO THE DEGREE I AM APPLYING FOR.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE ABOVE PRINTED NAME OF THE APPLICANT**