



PATEROS TECHNOLOGICAL COLLEGE
College St., Sto. Rosario-Kanluran, Pateros Metro Manila

APPLICATION FOR GRADUATION

Date: _____, 20____

The Registrar
Pateros Technological Coilege
Pateros Metro Manila

Madam:
I have the honor to apply for graduation. I expected to finish my program _____
_____ in the _____ Semester/Summer of the School year _____.

Please print legibly

STUDENT NUMBER		
LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT ADDRESS:	GENDER:	CONTACT NOS.
PROVINCIAL ADDRESS:	OFFICE NAME & ADDRESS (IF EMPLOYED)	
PRIMARY SCHOOL	YEAR GRADUATED	
SECONDARY SCHOOL	YEAR GRADUATED	
SCHOOL NAME & ADDRESS LAST ATTENDED (IF TRANSFEREE)		
SEMESTER/SCHOOL YEAR ADMITTED IN PTC		
LAST SEMESTER/SCHOOL YEAR ATTENDED IN PTC		

Note: Fill-up presently enrolled subjects only. Please indicate the course/section of irregular subjects enrolled, if any.

SUBJECT CODE	SUBECT DESCRIPTION	UNITS	DAY	TIME	INSTRUCTOR

I hereby certify that I am currently enrolled in the following above-mentioned subject/s for _____ Semester, School Year _____.

IMPORTANT: It is understood that should this application be approved, I MUST JOIN THE COMMENCEMENT EXERCISES ON THE DATE SET FOR THE PROGRAM.

Very Truly yours,

Student signature over printed name

Approved and Endorsed by:

College Registrar