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(Please print legibly)

NAME:			
	Last Name	First Name	Middle Name

Course: \_\_\_\_\_ Major: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

	SCHOOL/COURSE	YEAR GRADUATED
PRELIMINARY		
SECONDARY		
TERTIARY		
POST GRADUATE		

2nd Semester A.Y. 2023- 2024

I am presently enrolled in the following

SUBJECT CODE	SUBJECT DESCRIPTION	UNIITS	PROFESSORS'S NAME & SIGNATURE
	TOTAL		

I understand that I will not be allowed to join the Commencement exercise if I am not able to comply with all my program requirements.

Signature of Student

Records check and evaluated by: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

Dean: \_\_\_\_\_ Received by: \_\_\_\_\_  
Cashier: \_\_\_\_\_

Note: Please attach the evaluation form verified and signed by the program adviser.  
To be accomplished in duplicate (one copy for Dean, one copy for the University registrar)  
Professor's signature is an acknowledgement that the student is officially enrolled and attending his/her classes.