

### Republic of the Philippines

# Pamantasan ng Cabuyao (University of Cabuyao) Academic Affairs Division

Office of the University Registrar

Katapatan Mutual Homes, Brgy. Banay-banay, City of Cabuyao, Laguna 4025

TERMINAL CLEARANCE FOR GRADUATING STUDENTS				
DATE OF FILING:			TERM: [ ]1 <sup>st</sup> [ ]2 <sup>nd</sup>	[ ] Mid-Year, A.Y.
PERSONAL INFORMATION			ACADEMIC INFORMATION	
LAST NAME		STUDENT NO.		
FIRST NAME		PROGRAM/TRACK		
MIDDLE NAME		major/strand		
DATE OF BIRTH		FIRST ENROLMENT AT PNC	semester, AY	
GENDER		LAST ENROLMENT AT PNC	semester, AY	
PERMANENT ADDRESS			WILL YOU ATTEND GRADUATION RITES?	□ YES □ NO
CONTACT INFORMATION				
MOBILE NO.			EMAIL ADDRESS	
ACCOUNTABILITY CLEARANCE				
Student Affairs and Services  Department  Signature over Printed Name/Date		<b>University Library</b> Signature over Printed Name/Date		Guidance and Counseling Services Department Signature over Printed Name/Date
<b>Thesis Adviser (if applicable)</b> Signature over Printed Name/Date		<b>Laboratory (if applicable)</b> Signature over Printed Name/Date		Management Information Systems Department Signature over Printed Name/Date
Accounting Office Signature over Printed Name/Date		<b>Cashier's Office</b> Signature over Printed Name/Date		University Health Department Signature over Printed Name/Date
Program/Strand Chair Signature over Printed Name/Date		<b>Dean/Principal</b> Signature over Printed Name/Date		Vice President for Academic Affairs Signature over Printed Name/Date

# **University Registrar**

Signature over Printed Name/Date

# **DATA PRIVACY CONSENT**

hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the established guidelines of Pamantasan ng Cabuyao.

Further, I agree to collection and processing of my data for the purpose of processing my terminal clearance for graduation at Pamantasan ng Cabuyao. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations





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Student's Signature over Printed Name/Date

