

	TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES	Index No.	F-OUR-6 3a-AFG
	Ayala Blvd., Ermita Manila, 1000, Philippines	Issue No.	01
	Tel No. +632-301-3001 local 604 Fax No. +632-632-4063	Revision No.	00
	Email: registrar@tup.edu.ph Website: www.tup.edu.ph	Date	05102025
VAA-OUR	APPLICATION FOR GRADUATION	Page	00
		QAC No	CC 11242017

May I apply for graduation this June School Year 2024-2025
(Month)

College College of Science Course Bachelor of Science in Information System (Non-STEM)

I understand that should this application be approved, I AM COMPELLED TO ATTEND THE COMMENCEMENT EXERCISES on the scheduled date.

Complete Permanent Address (Write Legibly): _____
Contact Number: +63 916-2961-558 E-Mail Address: Cysness@gmail.com
Student ID: TUPM-21-0191

FLORENDO, CYRUS NATHANIEL PARAISO
Signature Above Printed Name

VERIFIED AND APPROVED:

Director (OJT/SIT)

LABASTIDA, CHERSCHELLE DELA CRUZ
College Dean

FEES TO BE PAID:
DIPLOMA OR No. _____ Date Issued _____
ALUMNI FEE OR No. _____ Date Issued _____
GRADUATION FEE OR No. _____ Date Issued _____

CERTIFICATIONS:
I CERTIFY that the student whose name and signature appear above has paid all his/her accounts

Note: Please present NSO original copy of your birth certificate for verification. _____
Chief Accountant

For Confirmation: Please submit this duly accomplished application form as scheduled; otherwise you will not be in the list of Candidates for Graduation.
APPROVED: _____
ROSEMARIE THERESA M. CRUZ, Ed.D., RPsy
University Registrar

May 10, 2025 2425 -06-0191
Date

To the Faculty Concerned:

This is to inform you that the herein name student is applying for graduation this Second Term sem., School Year 2024-2025 . Please confirm his/her applications by affixing your signature opposite your printed name.

Name of Student CYRUS NATHANIEL
First Name
PARAISO (P)
Middle Name (M.I.)
FLORENDO / _____
Last Name Ext. Name (if have)

College: College of Science Course: Bachelor of Science in Information System (Non-STEM)

Subject Currently Enrolled In	Schedule	Printed Name of the Faculty	Signature of the Faculty
IS406-M	M 08:00AM-04:00PM TBA/W 08:00AM-04:00PM TBA/TH 08:00AM-04:00AM TBA	AMADOR, PERAGRINO, JR BONSA	
IS423-M	T 05:00PM-08:00PM TBA	AMADOR, PERAGRINO, JR BONSA	

ROSEMARIE THERESA M. CRUZ, Ed.D., RPsy
University Registrar

Confirmed by : Dept. Head: LABASTIDA, CHERSCHELLE DELA CRUZ
College Dean: LABASTIDA, CHERSCHELLE DELA CRUZ

Transaction ID	
Signature	