

	<b>TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES</b>	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	05132025
VAA-OUR	<b>APPLICATION FOR GRADUATION</b>	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): 10-A Doña Cristeta Subdivision, Pamplona Uno, Las Piñas City  
Contact Number: +639162961558 E-Mail Address: cyrusnathaniel.florendo@gmail.com  
Student ID: TUPM-21-0191

**CYRUS NATHANIEL P. FLORENDO**  
*Signature Above Printed Name*

VERIFIED AND APPROVED:

Director (OJT/SIT) 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: \_\_\_\_\_  
*University Registrar*

\_\_\_\_\_ Date 2425 -06-0191

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  
FLORENDO (M.I.)  
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	

University Registrar

Confirmed by : Dept. Head: \_\_\_\_\_  
College Dean: \_\_\_\_\_

Transaction ID	
Signature	