



Republic of the Philippines
Pamantasan ng Cabuyao
(UNIVERSITY OF CABUYAO)
Office of the University Registrar

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

PASSPORT SIZE PHOTO

APPLICATION FOR GRADUATION

DATE OF FILING: December 17, 2025		STUDENT NUMBER: 2202089	
PERSONAL INFORMATION		EDUCATIONAL BACKGROUND	
Last Name	DUEÑAS	Elementary	ACTS LEARNING CENTER
First Name	CHARLES NATHANIEL	Junior High School	HOSANNA TECHNOLOGICAL SCHOOL OF ARTS AND SCIENCES
Middle Name	BARRIGA	Senior High School	CABUYAO INTEGRATED NATIONAL HIGHSCHOOL
Maiden Name (if applicable)		College(if Transferee)	UNIVERSITY OF CABUYAO
Religion	CHRISTIAN	CONTACT INFORMATION	
Sex	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Mobile Number	09127679763
Birthday (mm/dd/yyyy)	08/25/2003	Email Address	sighuwag@gmail.com
Birthplace	SANTA ROSA COMMUNITY HOSPITAL		
Permanent Address	BLK 6 LOT 55, PHASE 1, SJV6, BUTONG, CITY OF CABUYAO, LAGUNA		
DETAILS OF PROGRAM COMPLETION			
Degree/Title	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	Major	N/A
Schedule	<input type="checkbox"/> First Semester _____ <input type="checkbox"/> Second Semester _____ <input type="checkbox"/> Summer _____		
COURSES ENROLLED			
Course Title	Units	Professor	Remarks
IT Practicum (500 hours)	9	Marvin H. Bicua	
Web Development Frameworks	3		
CONFORME		DATA PRIVACY CONSENT	
<p>I understand that I will be included in the graduation program and yearbook and participate in the graduation ceremonies if I have completed the following requirements for graduation by the deadline set for this purpose.</p> <ul style="list-style-type: none">Passed all courses in my respective curriculum program;Accomplished the Curricular Program Evaluation Form (PNC:OUR-FO-20) and Terminal Clearance (PNC:OUR-FO-19); andApplied formally for graduation (PNC:OUR-FO-18).		<p>I hereby affirm that all information supplied herein is complete and accurate. Further, I agree to collection and processing of my data for the purpose of processing my graduation. 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.</p>	
CHARLES NATHANIEL B. DUEÑAS 12/17/2025		CHARLES NATHANIEL B. DUEÑAS 12/17/2025	
Student's Signature over Printed Name / Date		Student's Signature over Printed Name / Date	
Evaluated by:	Endorsed by:	Verified by:	Approved by:
<div>Department Chair</div> <div>Signature over Printed Name/Date</div>	<div>Dr. Gima B. Montecillo</div> <div>Dean</div> <div>Signature over Printed Name/Date</div>	<div>Registrar Staff</div> <div>Signature over Printed Name/Date</div>	<div>George F. Barundia, LPT, CHRA,</div> <div>PhD</div> <div>University Registrar</div> <div>Signature over Printed Name/Date</div>