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	Main Campus, Lagangilang, Abra		Revision No.:	3
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	OFFICE OF THE REGISTRAR			

APPLICATION FOR GRADUATION

The Academic Council

Thru: The Registrar

I have the honor to request for my inclusion in the list of candidates for graduation for the School Year 20__-20__.

Thank You.

Junior High School Completed

Signature of Applicant Over Printed Name

Senior High School Completed

Permanent Address

Date of Filing

Course

Republic of the Philippines
ABRA STATE INSTITUTE OF SCIENCE AND TECHNOLOGY
Main Campus

Mr. / Ms. _____

Department of _____

This is to inform you that your application for graduation has been approved/ disapproved.

College Dean

Released by: _____	Received by: _____
Date: _____ Time: _____	Date: _____ Time: _____