



Office of the  
University Registrar

## **APPLICATION TO GRADUATE ASSESSMENT FORM**

*(For ATG Purposes Only)*

PLEASE PRINT

| PERSONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |           |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|-----------|--|--|--|--|
| LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  | ID NUMBER |  |  |  |  |
| FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  | TERM / AY |  |  |  |  |
| MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  | COLLEGE   |  |  |  |  |
| ATG ASSESSMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |           |  |  |  |  |
| <i>(Please check and pay at the DLSU Cashier only)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |           |  |  |  |  |
| <input type="checkbox"/> NON-DLSU Scholar - ATG Assessment (Php 5,500.00)<br><i>(Graduation Fee - Php 3,500.00 / DLSAA Lifetime Alumni Fee - Php 2,000.00)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |           |  |  |  |  |
| <input type="checkbox"/> DLSU Scholar - ATG Assessment Php _____<br><i>(Graduation Fee - Php _____ / DLSAA Subsidized Lifetime Alumni Fee Php _____)</i><br><i>For scholars under OAS please indicate the amount payable depending on the scholarship grant).</i>                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |           |  |  |  |  |
| _____<br>Signature over Printed Name of OAS / Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |           |  |  |  |  |
| TERMS AND CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |           |  |  |  |  |
| <ol style="list-style-type: none"><li>1. The Graduation fee payment is non-refundable; however, the payment can be carried over to the next term (one term only) if in case the student was not able to complete all requirements or qualify for graduation. Thus, students should ensure that no double payment will be done.</li><li>2. This can only be paid at the DLSU campus cashier only.</li><li>3. Students to ensure that OR is issued by the cashier.</li><li>4. <i>(OR will be required to be uploaded to the Application to Graduate Google Form).</i></li><li>5. This should be paid during the schedule of Application to Graduate only.</li></ol> |  |  |  |  |           |  |  |  |  |
| _____<br>Signature over Printed Name of Student / Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |           |  |  |  |  |
| TO BE FILLED BY DLSU CASHIER ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |           |  |  |  |  |
| NAME AND SIGNATURE OF CASHIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |           |  |  |  |  |