Form 1

University of the Philippines Visayas
Iloilo City

APPLICATION FOR GRADUATION

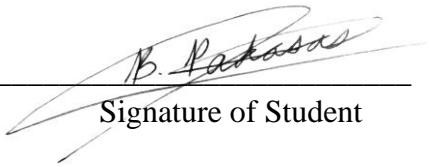January 28, 2019
Date

The Dean
College of <u>Arts and Sciences</u>
U.P. Visayas
Iloilo City

Sir/Madam:

I wish to apply for graduation with the Degree of <u>BACHELOR OF SCIENCE IN COMPUTER SCIENCE</u> Major in _____ as of the end of the <u>SECOND</u> trimester/<u>semester</u>, AY <u>2019</u>.

Please have my academic records examined and have my name included in the list of candidates for graduation which will be presented to the faculty for approval.

Truly yours,

<u>B. Padasas</u>
Signature of Student

<u>JIM KYLE B. PADASAS</u>
PRINTED NAME

<u>2013-52384</u>
Student Number

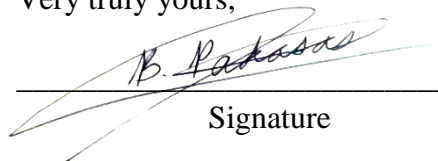/joj/7/06/01

Form 2

January 28, 2019
Date

The University Registrar
U.P. Visayas
Miagao, Iloilo, Philippines

Sir/Madam:

In connection with my graduation, I am submitting the data below:

Very truly yours,

_____
Signature

FOR THE DIPLOMA & COMMENCEMENT PROGRAM: (Print legibly)

Full Name __JIM KYLE B. PADASAS_____

Address __#37, PUROK 1, TINIGAO, KALIBO, AKLAN_____

Candidate for graduation with the degree of __BACHELOR OF SCIENCE IN____
COMPUTER SCIENCE_____

Date of Graduation __JUNE 25, 2019_____

Previous degree(s)/title(s) _____

_____

Institution from where obtained _____

Date obtained _____

Title of Thesis (for candidate for master's degree only):

_____

Paid Graduation Fee: P300.00 O.R.# _____ Date _____

DEADLINE TO SUBMIT THIS FORM TO THE OFFICE OF THE
REGISTRAR __FEBRUARY 1, 2019_____
Date

FOR THE OFFICE OF ALUMNI RELATIONS: (Print legibly)

Full Name __JIM KYLE B. PADASAS_____

Candidate for the title/degree of _BACHELOR OF SCIENCE IN COMPUTER SCIENCE_

Date of Graduation __JUNE 25, 2019_____

Previous title/degree from U.P. _____

Permanent Mailing Address __#37, PUROK 1, TINIGAO, KALIBO, AKLAN___

/joj/7:09:01

Form 3

University of the Philippines
Iloilo City

APPLICATION FOR GRADUATION
(To be accomplished in duplicate)

Address: #37, PUROK 1, TINIGAO,
KALIBO, AKLAN
Date: January 28, 2019

The Dean
College of <u>Arts and Sciences</u>
U.P. Visayas
Iloilo City

Sir/Madam:

I have the honor to apply for graduation for the degree of <u>BACHELOR OF SCIENCE IN COMPUTER SCIENCE</u>.

Further information regarding my degree program are as follows:

Type of Degree Program   Field of Specialization

I expect to comply with all academic and non-academic requirements for graduation by the end of <u>SECOND</u> trimester/<u>semester</u> of Academic Year <u>2019</u>.

May I request that my academic records be evaluated and that I will be informed of my deficiency in connection with graduation requirements as early as possible.

Thank you.

Very truly yours,

_____
Signature

JIM KYLE B. PADASAS
PRINTED NAME

2013-52384
Student Number

NOTE: Please refer to back page for Record Evaluation by Academic Division concerned.
/joj/7/09/01

Form 4

University of the Philippines Visayas
Iloilo City

EVALUATION OF RECORDS FOR GRADUATION PURPOSES

Name of Applicant _____**PADASAS**_____**JIM KYLE**_____**B.**_____
(Please Print)   (Family)   (Given)   (Middle Initial)

Degree Program __BACHELOR OF SCIENCE IN COMPUTER SCIENCE__

End of   First Trimester/Semester   Academic Year __2019__
      ✓ Second Trimester/<u>Semester</u>
      Third Trimester/Semester

(To be accomplished by Program Adviser)

Subjects still to be taken		Subjects with unremoved grades of "4" or "Inc"			
Course No.	Units	Course No.	Grade	Trimester/ Semester Incurred	Academic Year

Candidate for Graduation with Honors: _____
General Weighted Average as of the end of _____ Trimester/Semester, AY _____

Evaluated by:

_____
Program Adviser

_____
Date

NOTED:

_____
Division Chairman

_____
Date

INFORMATION USE CONSENT FORM

In the event my graduation is approved by the University of the Philippines Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines __Visayas__ (Constituent University) to publish my name and the latest degree or certificate that I earned including any honors received and any previous degrees earned, in the program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the graduation program may be accessed by the public.

I further confirm that the University, through the UP System Office of Alumni Relation (OAR) and other appropriate offices such as the University Registrar are authorized to provide my name, degrees/certificate(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its official chapters so as to enable the University to comply with RA 9500.

<div align="right">

__JIM KYLE B. PADASAS__
Signature and Printed Name

__January 28, 2019__
Date

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