

Form 1

University of the Philippines Visayas
Iloilo City

APPLICATION FOR GRADUATION

Date

The Dean
College of _____
U.P. Visayas
Iloilo City

Sir/Madam:

I wish to apply for graduation with the Degree of _____
_____ Major in _____
as of the end of the _____ trimester/semester, AY _____.

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,

Signature of Student

PRINTED NAME

Student Number

/joj/7/06/01

Date

The University Registrar
University of the Philippines
Diliman, Quezon City

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 _____

Address _____

Candidate for graduation with the degree of _____

Date of Graduation _____

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 _____

Date

FOR THE OFFICE OF ALUMNI RELATIONS: (Print legibly)

Full Name _____

Candidate for the title/degree of _____

Date of Graduation _____

Previous title/degree from U.P. _____

Permanent Mailing

Address _____

University of the Philippines
Iloilo City

APPLICATION FOR GRADUATION
(To be accomplished in duplicate)

Address: _____

Date: _____

The Dean
College of _____
U.P. Visayas
Iloilo City

Sir/Madam:

I have the honor to apply for graduation for the degree of _____
_____.

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 _____ trimester/semester of Academic Year _____.

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

PRINTED NAME

Student Number

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

University of the Philippines Visayas
Iloilo City

EVALUATION OF RECORDS FOR GRADUATION PURPOSES

Name of Applicant _____
(Please Print) (Family) (Given) (Middle Initial)

Degree Program _____

End of First Trimester/Semester Academic Year _____
Second Trimester/Semester
Third Trimester/Semester

(To be accomplished by Program Adviser)

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 _____ (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.

Signature and Printed Name

Date