

	Republic of the Philippines <b>ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY</b> La Paz, Iloilo City	Department:	Office of the University Registrar
		Document Code	QF-OUR-08
	<b>APPLICATION FOR GRADUATION</b>		Revision No.: Effective Date:

Date: \_\_\_\_\_

**The University Registrar**  
This University

Sir/Madam:

I have the honor to apply for assessment for graduation this:

[ ☐ ] 1<sup>st</sup> Sem.      [ ☐ ] 2<sup>nd</sup> Sem.      [ ☐ ] Mid-year      Academic Year \_\_\_\_\_

The following are my personal and educational data:

ID No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Printed Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Gender: \_\_\_\_\_  
(Last)(First)(Middle)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

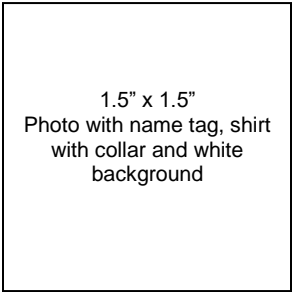
Email Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Secondary Education/SHS completed at: \_\_\_\_\_ A.Y.: \_\_\_\_\_

Last School Attended (for transferee): \_\_\_\_\_ A.Y.: \_\_\_\_\_

Degree/Course: \_\_\_\_\_ A.Y.: \_\_\_\_\_ College: \_\_\_\_\_



Respectfully yours,  
  
\_\_\_\_\_  
Signature over Printed Name of Student

<b>EVALUATION:</b>				
No. of Subject(s) not taken as required in the curriculum: # _____		No. of Subject(s) with un-complied (INC) grades # _____		<b>Recommendation:</b> [ <input type="checkbox"/> ] For Approval [ <input type="checkbox"/> ] Disapproved [ <input type="checkbox"/> ] Hold until all the requirements are complied/ completed and passed all subjects taken
List of Subject(s) not Taken	Reason(s)	Subject(s) with INC grade	Term Enrolled	
_____	_____	_____	_____	
_____	_____	_____	_____	<b>Remarks:</b> _____ _____ _____
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
<b>Evaluated and Endorsed by:</b>  _____ <b>Department Head</b> Signature over Printed Name				
<hr/>				
<b>FINAL ACTION:</b>				
[ <input type="checkbox"/> ] Qualified for Graduation		[ <input type="checkbox"/> ] Disqualified for Graduation		
Remarks: _____				
_____				
<b>Recommending Approval:</b>		<b>Approved by:</b>		
_____		_____		
<b>College Dean</b> Signature over Printed Name		<b>University Registrar</b> Signature over Printed Name		

Instructions: Please Fill-up this form and submit to your respective Department Heads with the following requirements:

- Clear Photocopy of PSA Birth Certificate
- Report of Grades