

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/Summer

\_\_\_\_\_  
(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

\_\_\_\_\_