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**OFFICE OF THE REGISTRAR**

**GRADUATION APPLICATION FORM 2020**

For consideration to graduate, the student must submit this Application for Graduation to the Office of the Registrar – Examinations. Before you apply to graduate, you should verify with your Dean of Faculty/ School that you are eligible to graduate.

**Personal Information**

Name (**CONFIRM THE ORDER AND SPELLING OF YOUR NAMES AS THEY SHOULD APPEAR ON YOUR CERTIFICATE AND TRANSCRIPTS**)

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LAST NAME (SURNAME) FIRST NAME MIDDLE NAME

Registration Number: \_\_\_\_\_ Intake of Admission (Month Year) \_\_\_\_\_

Course: \_\_\_\_\_ Specialization / Option: \_\_\_\_\_

Address: \_\_\_\_\_  
BOX TOWN COUNTY POSTAL CODE TELEPHON EMAIL ID NO

I have taken and passed \_\_\_\_\_ units and was exempted \_\_\_\_\_ units of the programme.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Official Use only**

1. Verified, the student has no outstanding fee balance & has paid graduation fee (affix official stamp).  
\_\_\_\_\_  
\_\_\_\_\_

Student Finance: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Verified, confirmed and provisionally recommended/not recommended to graduate.  
\_\_\_\_\_  
\_\_\_\_\_

H.O.D: Signature: \_\_\_\_\_ Date: \_\_\_\_\_