



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**)

LAST NAME (SURNAME) FIRST NAME MIDDLE NAME

Registration Number: _____ Intake of Admission (Month Year) _____

Course: _____ Specialization / Option: _____

Address: _____
BOX TOWN COUNTY POSTAL CODE TELEPHONE EMAIL ID NO

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

Student signature: _____ Date: _____

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: _____