



Republic of the Philippines  
**ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY**  
 La Paz, Iloilo City

Department:

Office of the University  
 Registrar and Admission

Document Code

QF-OURA-08

**APPLICATION FOR GRADUATION**

Revision No.:  
 Effective Date:

04  
 January 2, 2020

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

**The University Registrar and Admission Officer**  
 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: \_\_\_\_\_

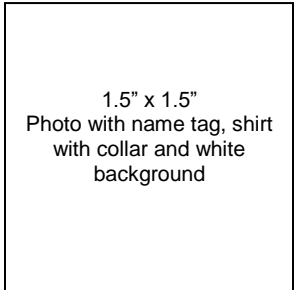
Email Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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

**EVALUATION:**

No. of Subject(s) not taken as required in the curriculum:  
 # \_\_\_\_\_

List of Subject(s) not Taken	Reason(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

No. of Subject(s) with un-complied (INC) grades  
 # \_\_\_\_\_

Subject(s) with INC grade	Term Enrolled
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Recommendation:**

- For Approval
- Disapproved
- Hold until all the requirements are complied/ completed and passed all subjects taken

**Remarks:**

\_\_\_\_\_  
 \_\_\_\_\_

**Evaluated and Endorsed by:**

\_\_\_\_\_  
**Department Head**

Signature over Printed Name

**FINAL ACTION:**

Qualified for Graduation

Disqualified for Graduation

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

**Recommending Approval:**

**Approved by:**

\_\_\_\_\_  
**College Dean**

Signature over Printed Name

\_\_\_\_\_  
**University Registrar and Admission Officer**

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