



Republic of the Philippines  
**ILOILO SCIENCE AND TECHNOLOGY UNIVERSITY**  
**DUMANGAS CAMPUS**  
 P.D. Monfort South, Dumangas, Iloilo

Department:

Office of the University Registrar and Admission

Document Code

QF-ORA-DC-08

**APPLICATION FOR GRADUATION**

Revision No.:  
 Effective Date:

03  
 January 6, 2025

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

**The Campus 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: \_\_\_\_\_

1.5" x 1.5"  
 Photo with name tag, shirt  
 with collar and white  
 background

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:

\_\_\_\_\_  
**Program Coordinator**

Signature over Printed Name

**FINAL ACTION:**

Qualified for Graduation

Disqualified for Graduation

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

Recommending Approval:

Approved by:

\_\_\_\_\_  
**Head of Instruction**

Signature over Printed Name

\_\_\_\_\_  
**Campus Registrar**

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