

APPLICATION FOR GRADUATION

For Undergraduate

Semester, School Year	
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2X2 PHOTO (2 PCS.) COLORED with WHITE BACKGROUND with name tag (Last, First, Middle Name)

Semester, School Year	-	·			
PLEASE FILL IN ALL ITEMS					
A. Name:			Student N	lo.:	
(Last Name, First Name, Middle Name) and (Jr., I, II, III)			Contact No.:		
Complete Address:					
Course Applied for:		M	ajor:		
Civil Status: Single Married Gender: Ma	le Fem	ale Height:	E-mail Add:		
Name of Parent / Guardian: Religion:					
School Last Attended (Senior High School): School A			chool Address:	Address:	
School Last Attended (if transferee):		S	chool Address: _		
B. PRESENT LOAD / SUBJECTS	UNITS	PRINTED NAME OF	INSTRUCTOR	SIGNATURE OF INSTRUCTOR	
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	\longrightarrow				
Total No. of Units presently enrolle		Units			
I hereby promise in case of approval of my grad			rities and pay tl	ne required fees.	
		Signature over Printed Name			
C. EVALUATION OF RECORDS BY THE DEAN The Dean or Head check and evaluate the re University Registrar and to be resubmitted by the studen			· ·	•	
APPROVED FOR RECOMMENDATION		APPROVEI) :		
College Dean			Director		
DATE FILED:					

2 pcs. Documentary Stamp (BIR) Form No.: TSU-OAR-SF-24 Effectivity Date: January 31, 2024 Revision No.: 00 Page 1 of 1

Requirements:

Form 137-A / SF-10 (Original Copy)

Original Transcript of Records (for transferees) Certificate of Live Birth from PSA (Photocopy) Marriage Certificate from PSA (for married female)

2 pcs. 2x2 picture (colored with complete name) LN, FN, MN

Deficiency: