



# QUEZON CITY UNIVERSITY

673 Quirino Hi-way, San Bartolome, Novaliches Q.C.

## OFFICE OF THE REGISTRAR

# APPLICATION FOR GRADUATION

**DATA PRIVACY CLAUSE:** By completing this form, I hereby agree that Quezon City University may collect, use, disclose and process personal data to process this graduation application.

*Please answer completely.*

I have the honor to apply for graduation with and conferment of the Degree of:

### DEGREE PROGRAM

- |  |   |
|--|---|
| <input type="checkbox"/> Bachelor of Science in Accountancy                | <input type="checkbox"/> Bachelor of Science in Electronics Engineering |
| <input type="checkbox"/> Bachelor of Science in Entrepreneurship           | <input type="checkbox"/> Bachelor of Science in Industrial Engineering  |
| <input type="checkbox"/> Bachelor of Science in Entrepreneurial Management | <input type="checkbox"/> Bachelor of Science in Information Technology  |

### Indicate Academic Year and Semester

I Have completed the course requirements as of

I will complete the course requirements on

### HONORS AND AWARDS

1. Are you running for honors?

Yes, my lowest grade is

No

2. Are you running for a Leadership Award?

Yes, my lowest grade is

No

**IMPORTANT:** Only those students who have completed all requirements for graduation such as PE, NSTP, and other subjects as required by the University shall be allowed to graduate. Students who have just completed their course requirements during the first semester shall be included in the next regular graduation rite. **ONLY THOSE WHO APPLIED FOR GRADUATION DURING THE DESIGNATED APPLICATION PERIOD SHALL BE INCLUDED IN THE LIST OF CANDIDATES FOR GRADUATION FOR THE ACADEMIC YEAR.**

### PERSONAL INFORMATION

NAME (as indicated in the PSA copy of the Birth Certificate or Marriage Contract if Married)

Last Name:

First Name:

Middle Name:

Present Address:

Permanent Address:

Date of Birth:

Place of Birth:

Student Number:

Contact Number:

Gmail Address:

If HIGH SCHOOL GRADUATE (Old Curriculum) / SENIOR HIGH SCHOOL GRADUATE, Name of School:

Address:

Date / Year Graduated in HS / SHS:

If TRANSFEREE, Name of University:

Address:

No. of Semester/s Attended:

Did you Graduate?

Yes  No

Do you have credited subjects?  Yes  No

Course in the said University:

How many Units?

How many Subjects?

I declare that all information provided in this application form are complete and Accurate. I understand that any information I provided may be checked/verified by QCU against original documents from institutions attended by me and/or with the respective school indicated in this form. I also understand that QCU reserved the right to disqualify me from the recognition/graduation I applied for based on incorrect, incomplete, fraudulently obtained, and/or false information I supplied. I am aware that non-submission of this form on or before the deadline set by the Office of the Registrar will mean Non-inclusion of my name in the list of candidates for graduation.

Student's Signature

Date Applied