



LATEST
 COLORED PICTURE
 2"X2" WITH
 WHITE BACKGROUND AND
 FULLNAME

APPLICATION FOR GRADUATION

Control Number: _____

Student Number : _____

Name: (IN FULL PRINT) _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

Candidate for the Degree/Title : _____ Major: _____
 () as of August AY _____ () as of January AY _____ () as of June AY _____

I – PERSONAL RECORDS:

Present Address: _____

Home Address : _____ Tel/CP Number: _____

Date of Birth: _____ Place of Birth _____ Gender () Male () Female

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

II – ELEMENTARY EDUCATION: (Name and Address of the School) (Year Graduated)

Name of School: _____ AY _____

Address: _____

III – JUNIOR HIGH SCHOOL:

Name of School: _____ AY _____

Address: _____

IV – SENIOR HIGH SCHOOL:

Name of School: _____ AY _____

Address: _____

V – COLLEGIATE COURSE:

Name of Degree or Title: _____

Where graduated: _____

Under Special Order: _____

I do understand that my participation in the Commencement Exercises and the inclusion of my name and photo in the yearbook (SULOY) do not necessarily mean that I have completed my course unless I have satisfactorily complied with all the requirements prescribed by the Commission on Higher Education (CHED) / Technical Education and Skills Development Authority (TESDA).

Approval of my eligibility for graduation is automatically cancelled and hereby waive my right if I have not completed the requirements of the course and is SUBJECT TO REVOCATION if the records upon which the approval is based are later found incorrect.

Furthermore, I certify that all information I have supplied in this form are true and correct.

 (Date Submitted)

 (Signature of Applicant)

Checked & Verified by:

Noted:

Approved by :

 Records Officer

CARMILA FLORIFI P. MORALES
 Registrar

 Dean

AUTHORIZATION TO RELEASE /VERIFY RECORDS

I, _____, authorize Pamantasan ng Lungsod ng San Pablo to release my academic records and/or verify the authenticity of my school documents/records in connection with my application for employment.

Furthermore, authorize the company I am applying to, through its contracted agency or representative to obtain academic records and/or verify the authenticity of my school documents/records from Pamantasan ng Lungsod ng San Pablo.

Finally, this is to waive the privacy of my academic records and hold Pamantasan ng Lungsod ng San Pablo, its Registrar and School Officials, free from any liabilities or damages in connection with the release of my academic records and/or verification of the authenticity of my school documents.

CONFORME:

Signature over printed name

Date

Subjects Presently Enrolled (2 nd Sem 2025-2026)	Instructor

Subject	Year Taken	Complete name of the School
NSTP 1		
NSTP 2		