



APPLICATION FOR GRADUATION

AFG No. _____

1. NAME: _____ AGE: _____ SEX: _____ STATUS: _____
(Surname) (Given Name) (Middle Name)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HOME ADDRESS: _____ CONTACT NO. _____

GUARDIAN/PARENTS: _____ ADDRESS: _____

COURSE: _____ DATE OF GRADUATION: _____

MAJOR: _____

ELEMENTARY GRADUATED: _____ YEAR: _____

HIGHSCHOOL GRADUATED: _____ YEAR: _____

2. LIST OF SUBJECTS CURRENTLY ENROLLED

COURSE NO.	DESCRIPTIVE TITLE	UNITS

Signature of Applicant

To be filled up by the Program Head

3. LIST OF DEFICIENCIES

COURSE NO.	DESCRIPTIVE TITLE	UNITS

Action Taken:

- () Approve for Graduation
() Disapprove

Program Head
Date: _____

Requirements:

- One passport size picture with the name _____ Received by
- One copy of the AFG Form
- Official Receipt (Diploma Fee & Alumni Fee)
- NSO Birth Certificate

Form No.	:FM-SPAMAST-ACG-01
Issue Status	05
Revision No	02
Date Effective	: 10 June 2024
Approved by	: President

