



UNIVERSITY OF THE PHILIPPINES MANILA
National Teacher Training Center for the Health Professions
3/F Joaquin Gonzales Hall, Padre Faura St., corner Ma. Orosa St.
Ermita, Manila 1000, Philippines
Tel: (8) 521 0899 • (8) 526 4259 • Email: ntthcp@gmail.com



OFFICE OF THE COLLEGE SECRETARY

APPLICATION FOR GRADUATION

_____ Semester, AY _____

Name _____ Date: _____
Student No. _____
(Family) (Given) (Middle)

Permanent Address _____
UP Email Address _____
Persona Email Address _____
Contact Number/s _____
Candidate for the degree of _____
Title of Thesis/Dissertation (For Masters/PhD) candidate only _____

Remaining subjects enrolled _____
This semester _____

Semester and Year Admitted _____
Semester and Year of Graduation _____
Total No. of Units of Core Courses Taken _____
Total No. of Units of Elective Courses Taken _____
Total No. of Units of Penalty Courses Taken _____

Previous Degree(s)/Titles _____
Institution and Year from _____
where obtained: _____ - Year (_____) _____

Signature of Student

Printed Name & Signature of Adviser

ACKNOWLEDGEMENT RECEIPT
APPLICATION FOR GRADUATION

Name of Student: _____ Program: _____
Received by: _____ Date Received: _____

INSTRUCTION TO APPLICANT: Check your deficiencies/status with the Student Records Evaluator, Office of the College Secretary. It is your responsibility to submit to the Office of the University Registrar (OUR) the necessary requirements needed for graduation, if any e.g., Original Official Transcript of Records from previous institution, Photocopy of NSO/PSA Birth Certificate, Marriage Contract (if applicable) to clear your deficiencies on time.