Gov. Alfonso D. Tan College

Office of the College Registrar
Maloro, Tangub City

REG-Form010/17JAN2020

APPLICATION FOR GRADUATION FORM

DATE FILED: _____

NAME: _____ ID #: _____
Last *First* *Middle*

PROGRAM AND YEAR: _____ MAJOR: _____

EXPECTED DATE OF GRADUATION: _____

SEX: _____ AGE: _____ NAME OF FATHER: _____

CIVIL STATUS: _____ NAME OF MOTHER: _____

CITIZENSHIP: _____ HOME ADDRESS: _____

DATE OF BIRTH: _____ TOWN/CITY _____

PLACE OF BIRTH: _____ PROVINCE _____

RELIGION: _____ CONTACT # _____

EDUCATIONAL ATTAINMENT

Level of Education	Name of School	Year Completed
Elementary:	_____	_____ _____
Secondary:	_____	___ _____

PRESENT LOAD

SECTION CODE	SUBJECT CODE	UNITS	DESCRIPTIVE TITLE	DAY & TIME	FACULTY IN CHARGE

TOTAL UNITS: _____

I hereby certify that the foregoing entries are true and correct to the best of my knowledge.

_____
Student's E-Signature over Printed Name

Noted by: _____
Institute Dean

Received by:

JULIUS B. ATAY
Registrar's Office Staff

Date Received: _____