



# LICEO DE CAGAYAN UNIVERSITY

Rodolfo N. Pelaez Blvd., Kauswagan,  
Cagayan de Oro City



## APPLICATION FOR GRADUATION

The University Registrar  
Liceo de Cagayan University  
Cagayan de Oro City

Madam:

Please consider me as applicant for graduation for the degree of \_\_\_\_\_ At  
the end of the \_\_\_\_\_ semester, academic year \_\_\_\_\_

NAME: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Status: \_\_\_\_\_

### PERSONAL DATA:

- \* Place of Birth: \_\_\_\_\_ \* Home Address: \_\_\_\_\_
- \* Date of Birth: \_\_\_\_\_ \* CDO Address: \_\_\_\_\_
- \* Father's Name: \_\_\_\_\_ \* Contact #: \_\_\_\_\_
- \* Mother's Maiden Name: \_\_\_\_\_ \* Religion: \_\_\_\_\_

### RECORDS OF ELEMENTARY AND SECONDARY COURSES:

Elementary	Name of School	School Address	School Year
Gr. 1			
Gr. 2			
Gr. 3			
Gr. 4			
Gr. 5			
Gr. 6			

### High School

Gr. 7			
Gr. 8			
Gr. 9			
Gr 10			
JHS			
SHS			

### College

1 <sup>st</sup> year			
2 <sup>nd</sup> year			
3 <sup>rd</sup> year			
4 <sup>th</sup> year			
5 <sup>th</sup> year			

### THE SUBJECTS CURRENTLY ENROLLED:

Subject	Instructor	Subject	Instructor
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

EVALUATED BY:

APPROVED BY:

Very respectfully yours,

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Signature over printed name  
(Applicant)

Please submit this form to the Registrar on or before \_\_\_\_\_ together with the following requirements:

- Course Prospectus w/ evaluation of the Department Chairman
- Photocopy of the NSO Birth Certificate
- Photocopy of marriage contract (for female applicants only)
- Long brown envelope

Received by: \_\_\_\_\_  
Printed Name & Signature / Date

