



**APPLICATION TO GRADUATE**  
**(for GRADUATE STUDENTS only)**

PLEASE PRINT

PERSONAL INFORMATION		ACADEMIC INFORMATION					
LAST NAME		ID NUMBER					
FIRST NAME		COLLEGE					
MIDDLE NAME		DEGREE					
NICKNAME		<b>HONORS &amp; AWARDS</b> <b>(only for students with ID105 and below and for GSB students with ID107 and below)</b>					
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	Will you graduate with honors?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
TEL. NO.	( )		<input type="checkbox"/> Not sure				
MOBILE NO.	( )	If Yes, check one that applies	<input type="checkbox"/> WITH HIGH DISTINCTION (CGPA of 3.800 - 4.000)				
EMAIL			<input type="checkbox"/> WITH DISTINCTION (CGPA of 3.600 - 3.799)				
COMMENCEMENT							
Are you joining the Commencement Exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	CGPA as of Term ____ AY ____ - ____ <input style="width: 50px; height: 20px;" type="text"/>					
DIPLOMA		Thesis / Dissertation Title					
Your Diploma, together with a copy of your Transcript of Records, will be sent after about two (2) months from the date of the Commencement Exercises. Please indicate your complete delivery address.		_____					
		_____					
		_____					
STUDENT		PAYMENT					
I understand that if I am attending the Commencement Exercises that I have to attend the rehearsal.  _____ SIGNATURE OVER PRINTED NAME / DATE		CHARGES			AMOUNT		
		Graduation Fee RO-Supplies (001-042-631)					
		Diploma/TOR delivery RO-Postage & Telegram (001-042-655)					
		<b>TOTAL</b>					
CHAIR / GS PROGRAM COORDINATOR		NOTE: Deposit and rental of academic attire and photographic coverage are assessed by and paid directly to supplier					
_____ SIGNATURE OVER PRINTED NAME / DATE		MACHINE VALIDATION OF PAYMENT					