



PROGRAM COMPLETION FORM
(FOR STUDENTS IN DIPLOMA PROGRAMS ONLY)

PLEASE PRINT

PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NUMBER	
FIRST NAME		COLLEGE	
MIDDLE NAME		PROGRAM	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female		
RELIGION		CERTIFICATE	
TEL. NO.	()	<i>Your Certificate will be sent to you after about two (2) weeks from end of current term. Please indicate below your complete delivery address.</i>	
MOBILE NO.	()		
EMAIL			
SIGNATURE OF STUDENT			
CLEARANCE (Accomplish in Sequence)			
University Library		Department Chair	
SIGNATURE OVER PRINTED NAME / DATE		SIGNATURE OVER PRINTED NAME / DATE	
1		3	
Discipline Office		Accounting Office	
SIGNATURE OVER PRINTED NAME / DATE		SIGNATURE OVER PRINTED NAME / DATE	
2		4	
PAYMENT (Accounting Office)		FOR USE OF THE OFFICE OF THE UNIVERSITY REGISTRAR	
CREDIT TO	AMOUNT	[1] EVALUATION	[2] ALPHA
RO-Supplies (001-042-631) _____		[3] CERTIFICATE	
RO-Postage and Telegram (001-042-655) _____		[4] MAILING	[5] DELIVERY
TOTAL _____		[6] FILING	
		MACHINE VALIDATION OF PAYMENT	