



**PROGRAM COMPLETION FORM
(FOR STUDENTS IN DIPLOMA COURSES 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	CERTIFICATE					
EMAIL		<i>Your certificate will be sent to you after about two (2) weeks from the end of current term. Please indicate below your complete delivery address.</i> _____ _____ _____ _____					
SIGNATURE OF STUDENT							
CLEARANCE (Accomplish in Sequence)							
University Library		Department Chair					
SIGNATURE OVER PRINTED NAME/DATE		1	SIGNATURE OVER PRINTED NAME/DATE			3	
Discipline Office		Accounting Office					
SIGNATURE OVER PRINTED NAME/DATE		2	SIGNATURE OVER PRINTED NAME/DATE			4	
PAYMENT (Accounting Office)		FOR THE USE OF THE OFFICE OF THE UNIVERSITY REGISTRAR					
CREDIT TO		AMOUNT		[1] EVALUATION	[2] ALPHA	[3] CERTIFICATE	
RO Supplies (001-042-631) _____				[4] MAILING	[5] DELIVERY	[6] FILING	
RO-Postage and Telegram (001-042-655) _____				MACHINE VALIDATION PAYMENT			
TOTAL _____							