



UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

College, Laguna 4031, Philippines

OFFICE OF THE UNIVERSITY REGISTRAR
Tel. Nos. +6349 5366001 to 6 local 103 & 104

APPLICATION FOR GRADUATION

To the student applicant: Fill out ALL the applicable details in this form. Indicate NA if not applicable.

STUDENT NUMBER	PROGRAM OF STUDY & MAJOR(<i>if applicable</i>)	EXPECTED GRADUATION <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> MIDYEAR ACADEMIC YEAR _____
SURNAME	FIRST NAME	MIDDLE NAME

Did you apply for a change of name while at UPOU? ☐ NO ☐ YES > Please state original/maiden name.

EDUCATIONAL BACKGROUND	SCHOOL ATTENDED	DEGREE/PROGRAM	GRADUATION YEAR
BACHELORS/UNDERGRADUATE			
POST BACCALAUREATE/DIPLOMA			
MASTERS			
DOCTORATE			

Other non-degree/certificate/short courses while enrolled at UPOU

CROSS REGISTRATION

In case of cross-registration, please fill in the complete details below. Attach additional sheet in case needed.

☐ I have send **records@upou.edu.ph** an official & original true copy of grades (TCG) of the courses listed below.

COURSES TAKEN & U.P. CAMPUS	UNITS	TERM & YEAR	GRADE	UPOU COURSE EQUIVALENT	UNITS

Title of Thesis / Special Problem / Dissertation at UPOU

- ☐ I understand that this application is subject to the evaluation of the Faculty of Study (FOS) office and that the final approval of my graduation is subject to the University rules and guidelines.
- ☐ I understand that this application for graduation must be submitted by email BEFORE the deadline indicated in the current academic calendar. I will send this complete application through the selected FOS mailer ticked below AND cc'd: **records@upou.edu.ph**.

FED
☐ fed@upou.edu.ph

FICS
☐ fics@upou.edu.ph

FMDS
☐ fmfs_student_support@upou.edu.ph

ATTACH
RECENT
PHOTO

STUDENT'S SIGNATURE & DATE OF APPLICATION

Verified by the Faculty Secretary/Records Section

Date Verified