

	APPLICATION FOR GRADUATION FORM	Document No.	WVSU-REG-SOI-03-F01
		Issue No.	1
	WEST VISAYAS STATE UNIVERSITY	Revision No.	3
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Date

The Registrar
This University

Sir/Madam:

Please consider me as a candidate for graduation for the degree _____
_____ in the

_____ First Semester, AY _____
_____ Second Semester, AY _____
_____ Summer, 20 _____

In this regard, I am respectfully requesting that my academic records be assessed for any deficiencies in grades and other requirements and for the appropriate action by the Academic Council and the Board of Regents.

Enclosed is a copy of my Transcript of Records and appraisal form for confirmation.

Thank you.

Very truly yours,

(Printed Name & Signature)

Endorsed:

Class / Program Adviser
(Printed Name & Signature)

Concurred:

College Dean
(Printed Name & Signature)

Name : _____, _____
(Last) (First) (Middle Name)

I.D Number : _____

Permanent Address : _____

Birthdate : _____

Program : _____

Major(s) : _____

Minor(s) : _____

Email Address : _____

Contact No. : _____

Note: Submit this application form for Graduation in quadruplicate (4 copies) at the Registrar’s Office two weeks after enrolment for the last term/semester in the University.

cc: Registrar’s Office
Dean’s Office
Adviser
Student