



Office of the University Registrar

Telephone No.: (+63 32) 254 0067 | 254 1452 loc. 134
 Email: registrar@cnu.edu.ph
 Website: www.cnu.edu.ph

APPLICATION FOR GRADUATION

DATE FILED: _____ TO BE SUBMITTED ON: _____
 (To be filled up only by the Registrar's Office)

DEGREE: _____ Major/Specialization: _____
 Do you expect to graduate with Academic Honors? _____ YES _____ NO
 EFFECTIVE DATE OF GRADUATION: / / October 201 _____ / / March 201 _____ / / May 201 _____

A. NAME (Print Legibly) _____
 (Family Name) (First Name) (Middle Name)
 Date of Birth _____ Age _____ Sex _____
 Place of Birth _____ Civil Status _____
 City Address _____ If Married, Name of Spouse _____
 Tel./Cel. No. _____ Address of Spouse _____
 Provincial Address _____
 Provincial Tel. No. _____ E-Mail Address (If Available) _____

B. PRELIMINARY EDUCATION (Indicate Name & Address of School):
 Intermediate Course completed _____
 High School Course Completed _____
 For Graduate School students:
 BS/MASTER'S degree completed _____

C. ACADEMIC RESIDENCE
 a) At CNU _____ b) Of your entire course _____
 c) Outside CNU (if transferee) _____

D. PRESENT LOAD: Are you academically overloaded this semester? _____ YES _____ NO

For purposes of reconciliation, please indicate below your currently enrolled subjects, their corresponding units, and teachers.

| Subject Title & No. | Subject Description | Unit | Instructor |
|---------------------|---------------------|------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I am aware that this Application for Graduation is subject to revocation if the record upon which it is based is subsequently found defective and/or fraudulent.

I hereby promise, in case of approval of my graduation, to participate in all graduation activities, to pay the required fees, and to help and cooperate with all the officials of the CNU Alumni Association of which I will automatically become a member after graduation.

I hereby acknowledge the effort of Cebu Normal University in establishing employment linkages by way of exhibiting my personal information such as, phone number and contract address in the website and in furnishing the same to requesting companies who offer possible employment.

 Student's Signature

RECOMMENDING APPROVAL:

FOR PREPARATION OF RECORD:

 Department/College
 Dean

MR. JASON P. SABEQUIL, LPT
 University Registrar I

- Requirements:** Original NSO birth certificate
 Original NSO marriage contract, for married female students.
 1 Latest 2x2 Picture (Formal Attire, colored)
 Attach Photocopy of Evaluation of Grades



Certification Date: 1 February 2021
 Recertification due date: 24 January 2024
 For verification of the certificate please access www.gcl-intl.com (Certification check and type the registration number)

SDF-URO-105-021a-00

