



**Office of the University Registrar**  
 Telephone No.: (+63 32) 254 0067 | 254 1452 loc. 134  
 Email: [registrar@cnu.edu.ph](mailto:registrar@cnu.edu.ph)  
 Website: [www.cnu.edu.ph](http://www.cnu.edu.ph)

## APPLICATION FOR GRADUATION GRADUATE SCHOOL

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

DEGREE: \_\_\_\_\_ MAJOR/SPECIALIZATION: \_\_\_\_\_  
 EFFECTIVE DATE OF GRADUATION: \_\_\_\_\_

**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. ENTRANCE CREDENTIALS (Indicate Name & Address of School:**

Previous school attended: \_\_\_\_\_  
 Undergraduate Course: \_\_\_\_\_  
 For Master's Degree: \_\_\_\_\_  
 For Doctorate Degree: \_\_\_\_\_

**C. ACADEMIC RESIDENCE**

a) At CNU \_\_\_\_\_ b) Of your entire course \_\_\_\_\_  
 c) Outside CNU (if transferee) \_\_\_\_\_

- D. SUBMIT THE FOLLOWING REQUIREMENTS:**
1. CERTIFICATION OF PRINTED AND DULY APPROVED THESIS/DISSERTATION
  2. COMPREHENSIVE EXAM RESULT
  3. LATEST 2X2 PICTURE
  4. CLEARANCE
  5. PHOTOCOPY OF THE 1<sup>ST</sup> 3 PAGES OF BOOK INDICATING THE RECEIVED DATE OF THE DEPARTMENT

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 contact address in the website and in furnishing the same to requesting companies who offer possible employment.

\_\_\_\_\_  
 Student's Signature

RECOMMENDING APPROVAL:  
  
 \_\_\_\_\_  
 Department/College Dean

FOR PREPARATION OF RECORDS:  
  
 \_\_\_\_\_  
 University Registrar

SDF-URO-105-028-01



Certification Date: 24 January 2024  
 Recertification due date: 24 January 2027  
 For verification of the certificate please  
 access [www.gclintl.com](http://www.gclintl.com) (Certification  
 check and type the registration number)

