



APPLICATION FOR DIPLOMA

Document No.: FM-RO-30-01

Effective Date: Oct. 15, 2014

1" x 1"
Picture

Documentary
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DUPLICATE

BILLING NO. _____

Amount: _____

I hereby apply for clearance and issuance of my diploma.

PLEASE PRINT LEGIBLY

Signature

NAME: _____
First Middle Last

STUDENT NO. : _____ CONTACT NO. : _____

ADDRESS : _____

DEGREE : _____ DATE OF GRADUATION : _____

SPECIALIZATION (for Graduate Studies only) : _____

A **letter of authorization** to transact business or to claim records is required if the applicant himself is unable to do so.

CLEARANCES:

Bookstore _____	ELC _____
Cardinal & Gold (OSA) _____	ILMO _____
Center for Guidance and Counselling _____	NSTP _____
Center for Career Services _____	NAMA Office _____
Office of the Prefect of Discipline _____	Dean's Office _____
Office of the Registrar (PSC) _____	Library _____
Thesis Title: _____	Treasury Department _____

*Return this form to the Office of the Registrar
Customer Service Section upon payment*

Signatures verified and all data certified and correct.

CUSTOMER SERVICE SECTION	TREASURY	
Signature/Date	Assistant Treasurer	Payment Validation

To be filled out by the Office of the Registrar personnel only

Received for printing by/Date: Customer Service Section	Printed by/Date: Records Section Chief	OK for signature of Dean and President: Registrar
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I hereby acknowledge receipt of my diploma.

Signature over printed name/Date	Authorized Representative Signature over printed name/Date	Released by/Date: Customer Service Section
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