



METROPOLITAN MEDICAL CENTER
COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY
 OFFICE OF THE REGISTRAR

1x1 ID
 Picture

APPLICATION FORM FOR GRADUATION

Control No. _____

Candidate for the Degree/Title of _____ **Student Number:** _____

<u>Surname</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Signature</u>
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Date of Birth:	Place of Birth:	Sex:
City Address:		
Provincial Address:		
Name and Address of Parent/Guardian:		
Telephone No.:		
Elementary Completed at:	Year Graduated:	
High School Completed at:	Year Graduated:	

School Last Attended:	School Year:
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Subjects Presently Enrolled	Clinical Instructor:	Subjects Presently Enrolled	Clinical Instructor:
1		6	
2		7	
3		8	
4		9	
5		10	

Credentials Submitted:	Form 138 & 137 <input type="checkbox"/>	TOR <input type="checkbox"/>	None <input type="checkbox"/>
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(Please check)

Application Received by: _____

Date: _____

THIS PORTION IS TO BE FILLED UP BY THE REGISTRAR/EVALUATOR

Remarks: _____

Student Deficiency/(ies)

Payment:

Graduation Fee:
 Alumni Membership Fee:
 TOR/Diploma/GMC:

Evaluated by: _____

Date: _____

Important Information and Guidelines:

Completion of Incomplete Grades:

Students who incur Incomplete Grades should have their GRADE COMPLETION within two (2) semesters following the semester the Incomplete Grade is incurred, otherwise, the subject shall have been deemed as FAILED.

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