

# ADAMSON UNIVERSITY

900 San Marcelino Street, Ermita  
Manila 1000, Philippines  
*Office of the Registrar*

2x2 Picture  
White Background  
(Business Attire)

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Student Number

## APPLICATION FOR CANDIDACY FOR GRADUATION

*Completely fill up this form legibly:*

|  |  |                                  |
|--|--|----------------------------------|
| Expected to Graduate<br>(Term / Semester)  | Degree / Title Applied for                             | Major                            |
| Complete Name<br>(Please print): _____<br>(Last Name) (First Name) (Middle Name) | Date and Place of Birth: _____                         | Nationality: _____ Gender: _____ |
| Parent / Guardian: ( ) Ms. ( ) Mrs. ( ) Mr. _____                                | Home/Mailing Address (Complete): _____                 |                                  |
| Admission Credentials: _____   | Admission Status: _____                                |                                  |
| School Last Attended (Before admission to ADU): _____                            | Landline #: _____ Mobile #: _____ Email Address: _____ |                                  |

### EDUCATIONAL BACKGROUND

| <u>COURSE</u>                      | <u>SCHOOL</u> | <u>DATE OF GRADUATION</u> |
|------------------------------------|---------------|---------------------------|
| Elementary: _____                  | _____         | _____                     |
| Secondary: _____                   | _____         | _____                     |
| Bachelor's Degree: _____           | _____         | _____                     |
| Master's Degree: _____             | _____         | _____                     |
| Thesis / Dissertation Title: _____ | _____         | _____                     |

### PRESENTLY ENROLLED SUBJECTS:

| <u>SUBJECTS</u> | <u>UNITS</u> | <u>SUBJECTS</u> | <u>UNITS</u> |
|-----------------|--------------|-----------------|--------------|
| _____           | _____        | _____           | _____        |
| _____           | _____        | _____           | _____        |
| _____           | _____        | _____           | _____        |
| _____           | _____        | _____           | _____        |
| _____           | _____        | _____           | _____        |
| _____           | _____        | _____           | _____        |
| _____           | _____        | _____           | _____        |

### AFFILIATIONS / ORGANIZATIONS:

| <u>POSITION</u> | <u>DATE</u> |
|-----------------|-------------|
| _____           | _____       |
| _____           | _____       |
| _____           | _____       |

### I UNDERSTAND THAT:

- I need to submit the following requirements together with this form on/or before the specified deadline for final evaluation of my academic records:
  - ( ) Updated True Copy of Grades
  - ( ) Automated Evaluation of Students Academic Records (AESAR)
  - ( ) Photocopy Cross-enrolled Registration Form (if applicable)
- I will have my picture taking at the Institutional Development and External Affairs (IDEA) Office.
- If I have not completed all the academic and non-academic requirements two weeks before the Commencement date, I will not be eligible for graduation and may not take part in the Commencement Exercises.
- The Office of the Registrar may not act on this application if any of the above information is found to be incorrect.

Signature and Date