



MIRIAM COLLEGE
Office of the Registrar

APPLICATION FOR GRADUATION

Data Privacy Clause: By completing this form, I hereby agree that Miriam College may collect, use, disclose, and process my personal data for the purpose of processing this application for graduation. Requests for inspection, amendment, or restriction of records must be in writing and addressed to the Office of the Registrar and must specify the reason(s) for the request. MC reserves the right to respond appropriately according to law.

Level : Undergraduate Graduate
College: CAS CBEA CEEd

Step 1: The student provides the following information.

Name: _____ Student Number: _____
Last Name First Name Middle Name
(as indicated in the NSO copy of the Birth Certificate or Marriage Contract)

Degree Program: _____

Mobile No. _____ Email Address. _____ Landline: _____

Permanent Address: _____
House/Apartment/Unit/Floor No. Building Name and Company Name (if office) Street Name

Village/Subdivision Name Barangay / District (describe nearest landmark if possible) City/Municipality Zip Code

Last School Attended: _____ School Year: _____

For Undergraduate Students only:

Mother's Name: _____ Father's Name: _____

Miriam College student from Grade 1 to College? Yes No

Classification (Check as many as applicable and supply requested information)

- Regular
- Irregular
- Transferee Name of School Transferred From: _____
- Shiftee Name of Previous Degree Program: _____
- Cross-enrollee Name of School Enrolled in: _____
Semester: _____ School Year: _____
Subject(s) Enrolled in: _____

For Graduate Students only:

LEVEL	DEGREE	SCHOOL	YEAR GRADUATED
Undergraduate Studies			
Masteral Studies			
Doctoral Studies			



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List all electives taken / currently taking, or to be taken:

Course Code	Course Description

Candidate for Graduation: First Semester SY _____
 Second Semester SY _____
 Midterm SY _____

Course Code	Course Description

I am aware that non-submission of this form on or before the deadline set by the Office of the Registrar will mean non-inclusion of my name in the list of candidates for graduation.

I understand that, in due time, I have to inquire from the Office of the Registrar about the status of this application and check the list of candidates for graduation posted at the bulletin board of the Office of the Registrar.

Signature over Printed Name of Student

Date of Filing

Step 2: This form is submitted to the Office of the Registrar on or before _____.

Received by: _____
Signature over Printed Name

Date

Step 3: The Office of the Registrar sends this form to the Department Chairperson. The Department Chairperson indicates the decision on this application.



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Note to the Department Chairperson: Indicate academic deficiencies, if any, of the student in the "Remarks" section. You may use the back part of this sheet if the space below is not enough. Kindly forward this form to the Registrar's Office immediately after accomplishing this portion. Inform your students of their academic deficiencies. Your signature indicates that you have conducted a thorough review of the student's records.

Decision: Recommended Not Recommended Pending

Remarks: _____

Signature over Printed Name of Department Chairperson

Date Signed

For undergraduate students, proceed to Step 6.

Step 4: Graduate student picks up this form from the Office of the Registrar and secures clearance from the following offices.

<input type="checkbox"/> Office of the Registrar _____ Signature over Printed Name	<input type="checkbox"/> Library Media Center _____ Signature over Printed Name
<input type="checkbox"/> College Dean's Office _____ Signature over Printed Name	<input type="checkbox"/> Student Accounts _____ Signature over Printed Name

Step 5: Graduate student settles payment at the College Cashier.

Graduation Fee	Php _____	O.R. No. _____
Alumnae Fee	Php _____	O.R. No. _____
Diploma Fee only	Php _____	O.R. No. _____
Others _____	Php _____	O.R. No. _____

Step 6: Submit accomplished form to the Office of the Registrar.

Decision: Recommended Not Recommended Pending (for undergraduate students only)

Remarks: _____

Signature over Printed Name of Registrar

Date Signed