



University of the Philippines
College of Social Work and Community Development
APPLICATION FOR GRADUATION

To the student applicant: Fill out ALL the applicable details in this form. Indicate NA if not applicable.

Student Number	Degree Program & Major	Expected Graduation <input type="checkbox"/> 1S <input type="checkbox"/> 2S <input type="checkbox"/> MY <input type="checkbox"/> 1T <input type="checkbox"/> 2T <input type="checkbox"/> 3T AY: _____
Last Name	First Name	Middle Name
Permanent Home Address	Contact Number	Email Address

Did you apply for a change of name while studying in UP? ☐ YES ☐ NO
 If yes, please state previous name:

Educational Background	School Attended	Degree/Program	Graduation Year	Honors Received
Bachelors/Undergraduate				
Post Baccalaureate/Diploma				
Masters				
Doctorate				

DATA PRIVACY CONSENT FORM

In the event my graduation is approved by the University's Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines Diliman to publish my name and the latest degree that I earned including any honors received, (as well as any previous degrees earned) in the souvenir program to be distributed during the commencement exercises. I understand that the University is seeking my consent as the commencement program may be accessed by the public.

Furthermore, I am allowing the University to publish the same in the virtual program to be produced and live streamed. I understand that the University is seeking my consent as the graduation program is to be captured visually via photo and video and is accessible and viewable by the general public through online media platforms.

I further confirm that the University, through the UP System Office of Alumni Relations (OAR) and other appropriate offices are authorized to provide my name, degree(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its chapters so as to enable the University to comply with R.A. 9500.

Signature of Student

Endorsed:

Attested:

Name and Signature of Adviser

Name and Signature of College Secretary

(To be filled out by the Office of the College Secretary)

Graduation fee:

Amount paid:	Official Receipt Number:	Date of Payment:
Received by:		Date received: