

HOLY CROSS COLLEGE

S T A. R O S A, N. E. I N C.

Discover Your Future With Us!

**LATEST
2"x2"
PHOTO**

APPLICATION FOR GRADUATION FORM

Date

The College Registrar
Holy Cross College
Brgy. Rizal, Santa Rosa, Nueva Ecija 3101

Through: The Dean/Program Chair/Dept. Head/Principal
Program: _____
Holy Cross College

Sir/Madam:

I have the honor to apply for graduation as of _____
for the program of _____
major in *(put n/a if not applicable)* _____.

Very Truly Yours,

Printed Name and Signature of Applicant Student/LRN Number

Cell phone Number Telephone Email Address

Application Fee ₱ _____
Official Receipt Number _____
Date _____
Checked by _____

Enrolment List (EL) Checked:
 Enrolled
 Not enrolled
Checked by _____

Other requirements for graduation:

- Approval Sheet of manuscript
- Approved Practicum/Immersion Report
- Three(3) copies of latest picture(2x2, colored with white background)
- Birth Certificate from PSA
- Practicum/Immersion Certificate
- Clearance(s)

A. Title of Thesis Case Study Special Problem Field Practice Narrative Report
(put n/a if not applicable)

B. Secure approval from your Thesis/Case Study/Special Problem/
Field Practice/ Narrative Report Adviser.

Printed Name and Signature of Thesis/Practicum Adviser

C. Subject(s) enrolled this (current) semester:

Course/Subject Code and Description	Units	Course/Subject Code and Description	Units

D. Subjects with INC grades, NG, not yet taken or to be enrolled next term *(to be filled by the course in-charge)*

Course/Subject Code and Description	Units

E. Secure Approval from your College Dean/Program Chair/Dept. Head

Approved:

Dean/Program Chair/Dept. Head

OFFICE OF THE REGISTRAR

1/F Mengr. Lansangan Bldg., Registrar's Office
Brgy. Rizal, Santa Rosa, Nueva Ecija, PHILIPPINES
Telefax: +63 44 948 0237
Email: ra@holycross.edu.ph
Website: www.holycross.edu.ph

PERSONAL DATA SHEET OF APPLICANT FOR GRADUATION
(Please print all entries in CAPITAL LETTERS)

Student/LRN Number: _____

Name: _____
Family Name First Name Middle Name

If you are a married woman, write your maiden name: _____

Age: _____ Sex: _____ Religion: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____ Civil Status: _____

Home Address: _____
Barangay/Street Town/City Province

Name of Father: _____ Citizenship: _____ Occupation: _____

Name of Mother: _____ Citizenship: _____ Occupation: _____

Parent's Address: _____

If Married, Spouse(husband/wife) Name: _____ Occupation: _____

Spouse Address: _____

SCHOOL RECORDS

	Name of School	Address of School	School Year	Honors or Distinctions Received
Intermediate				
Secondary				
Tertiary: 1 st Year				
2 nd Year				
3 rd Year				
4 th Year				
5 th Year				
6 th Year				
Graduate Education/Diploma (for Graduate/Second Courser Students only)				

Membership in Organizations: _____

I swear that all entries contained in this application for graduation are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Distribution of copies: 1-College Dean/Principal, 1-Program Chair/Dept Head and 1- Registrar

OFFICE OF THE REGISTRAR

1/F Mengr. Lansangan Bldg., Registrar's Office
 Brgy. Rizal, Santa Rosa, Nueva Ecija, PHILIPPINES
 Telefax: +63 44 948 0237
 Email: ra@holycross.edu.ph
 Website: www.holycross.edu.ph