



Republic of the Philippines
DON HONORIO VENTURA STATE UNIVERSITY
 Villa de Bacolor, Pampanga 2001

APPLICATION FOR GRADUATION FORM (AGF)

Date Applied: _____

I. PERSONAL INFORMATION			
Last Name	Given Name	Name Extension (Jr./III)	Middle Name
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	Active Mobile Number
Present Home Address		Active E-mail Address	
Parent's Name and Signature	Parent's Mobile Number	Guardian's Name and Signature	Guardian's Mobile Number

II. ACADEMIC INFORMATION		
Student Number	Program and Major Currently Enrolled	
Academic Status <input type="checkbox"/> Regular student <input type="checkbox"/> Irregular student	Term and Academic Year Entered	Last Term and Academic Year to Attend

III. DATA PRIVACY CONSENT	
<p>In compliance with Republic Act 10173 and its Implementing Rules and Regulations, I authorize the Don Honorio Ventura State University (the "University") to collect and process any information declared herein with utmost confidentiality. Further, I allow the University to disclose the collected information to its affiliates and lawful third parties for legitimate purposes only.</p>	
_____ <i>Signature over printed name of Student</i>	_____ <i>Date signed</i>

-----**FOR DHVSU PERSONNEL ONLY**-----

IV. OFFICE OF STUDENT AFFAIRS		
Deficiencies/Observations (if any) prior to certification	Remarks/Status	<p>I hereby certify that the student, whose name is shown above, has no pending sanction for disciplinary case/action.</p> <p style="text-align: right;"><u>GLORIA B. GIGANTE, Ed.D</u> <i>Director, Office of Student Affairs</i> _____ <i>Date signed</i></p>

V. OFFICE OF THE UNIVERSITY REGISTRAR (PLEASE ATTACH THE PROGRAM CHECKLIST)						
	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	Total
Prescribed number of units						
Number of units earned						
Prepared by	Date Prepared		Verified by			Date Verified
_____ <i>Signature over printed name of Program In-Charge</i>	_____ <i>(mm/dd/yyyy)</i>		<u>DOLORES D. MALLARI, Ph.D</u> <i>University Registrar</i>			_____ <i>(mm/dd/yyyy)</i>

VI. OFFICE OF COLLEGE DEAN/CAMPUS DIRECTOR			
Recommending Approval/Disapproval <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval	Date	Approved by	Date Approved
_____ <i>Signature over printed name of Adviser/Chairperson</i>	_____ <i>(mm/dd/yyyy)</i>	_____ <i>Signature over printed name of Dean/Director</i>	_____ <i>(mm/dd/yyyy)</i>

VII. OFFICE OF VICE PRESIDENT FOR ACADEMIC AFFAIRS	
Noted by	Date Noted
<u>REDEN M. HERNANDEZ, RCE, MM</u> <i>Vice President for Academic Affairs</i>	_____ <i>(mm/dd/yyyy)</i>

DHVSU-QSP-REG-002-FO001-R00

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