



Office of the Registrar

APPLICATION FOR EVALUATION

Instructions:

- 1. This form is NOT AN APPLICATION FOR GRADUATION but an application for evaluation of academic credits.
2. Fill out this form and file at the Evaluation Section (Office of the Registrar) according to the schedule announced in the bulletin boards.
3. Distribution of evaluation results thru DEFICIENCY FORM shall be announced before enrollment period of the proceeding semester/term.

ID # _____ Name: _____
(Family Name) (First Name) (Middle Name)

Sex: _____ Name of Father: _____
Civil Status: _____ Name of Mother: _____
Citizenship: _____ Home Address: Street # _____
Date of Birth: _____ Town/City _____
Place of Birth: _____ Province _____
Religion: _____ Contact # _____

EDUCATIONAL ATTAINMENT

Table with 3 columns: Level of Education, Name of School, Year Completed. Rows for Elementary and Secondary education.

Expected Date of Graduation: _____
Academic Program (e.g. Bachelor of Science/Arts in..): _____
Major: _____

PRESENT LOAD

Table with 6 columns: Subjects, Units, Time, Days, Room No., Teacher. Rows 1-14 and a Total Units row.

I hereby certify that the foregoing entries are true and correct to the best of my knowledge.

Signature

Deadline for filing: _____
Date submitted: _____