



Saint Mary's University

3700, Bayombong, Nueva Vizcaya
E-Mail: registrar@smu.edu.ph Fax No.: (078) 321-2117
Tel. No.: (078) 321-2221 / (078) 805--3648

SMU FORM – 65C

ID No.: _____

Date: _____

APPLICATION FORM FOR CERTIFICATION

Name: _____ Course: _____ Year: _____

School-term last attended: _____ Semester, SY: 20____ - 20____ / Summer 20____

Follows instructions below:

- A. Application for the release of the **CERTIFICATION** should be filed at the Registrar's Office **THREE DAYS** before it is released.
- B. **NO CERTIFICATION** shall be released unless all **financial obligations**, both money and property, to the school are fully settled.
- C. Present this form for signature to the offices in the order indicated below. (Return this form to the Registrar's Office after it has been duly accomplished.)

1. _____
Director of Libraries

2. _____
Property Custodian

3. _____
Academic Dean

4. _____
University Registrar

ACCOUNTING OFFICE:

CERTIFICATION FEE: P _____

Accounts Verified by: _____

Balance: P _____