

Saint Mary's University

Bayombong, Nueva Vizcaya

OFFICE OF THE UNIVERSITY REGISTRAR

Date of Application _____

Gertrude G. Danao, Ph.D.
University Registrar

Dear Madam:

I have personally evaluated my academic records against Curriculum checklist/ID No. _____, with my Department Head, Dean and Secretary. I believe that I will be qualified to graduate from my course, Bachelor of _____, Major in _____ effective: *(check the box opposite the month and supply the year of expected graduation)*

- October _____
- March _____
- May _____

with Loyalty Award: no yes *(if yes, check 1 that applies)*

- Bronze medal loyalty award *(2 Levels completed in SMU)*
- Silver medal loyalty award *(3 Levels completed in SMU)*
- Gold medal loyalty award *(4-6 Levels completed in SMU)*

Please do not sign if you have not read and understood the following statements.

I AM VERY AWARE OF THE ZERO DEFICIENCY POLICY PARTICIPATION IN THE COMMENCEMENT RITES AS SCHEDULED. IF I HAVE A DEFICIENCY, WHETHER ACADEMIC OR NON-ACADEMIC, I HAVE TO WAIT FOR THE NEXT GRADUATION PROGRAM IN ORDER TO MARCH UP THE STAGE FOR RECOGNITION.

I PROMISE THEREFORE TO PERSONALLY AND REGULARLY MONITOR MY RECORDS WITH MY CREDIT EVALUATOR AND THE REGISTRAR DURING THIS SEMESTER AND THIS SCHOOL YEAR.

Applicant: _____ Course: _____ Signature: _____ Date: _____

To the Secretary, Department Head and Academic Dean:

Please review the personal evaluation of the applicant against the curriculum checklist and SIS. This means that your secretary assisted him/her. The secretary will prepare a list to be submitted to the Registrar, but advise the student to submit this form immediately to the Credit Evaluator. Your signature means that you concur with the secretary and the applicant's evaluation.

ENDORSEMENT OF APPLICATION

We found the records of _____ complete and accurate; hence, we endorse his/her application for graduation on October _____; March _____; May _____. *(Check 1 that applies)*

Secretary: _____
Name and Signature/Date Reviewed

Department Head: _____
Name and Signature/Date Reviewed

Dean: _____
Name and Signature/Date Reviewed

**** Please attach a photocopy of the student's evaluation printed from the SIS to be submitted to the Registrar as soon as the form had been signed by all signatories.**

RESULT OF EVALUATION BY CREDIT EVALUATOR: 1ST EVALUATION DATE: _____ 2ND EVALUATION DATE: _____