



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS
COLLEGE OF ENGINEERING AND AGRO-INDUSTRIAL TECHNOLOGY



PERSONAL DATA SHEET

Name: _____

Student Number: _____

Course: _____ Sem/Year Graduated/Expected Graduation: _____

Permanent Address: _____

UP Email Address: _____

Non-UP Email Address: _____

Contact Nos.

Home: _____

Office: _____

Mobile: _____

Please answer:

1. Do you allow CEAT Office of the College Secretary to give the above information to companies requesting for list of graduates and prospective graduates for the purposes of employment?

{ } YES

{ } NO

Signature of the Student

COLLEGE OF ENGINEERING AND AGRO-INDUSTRIAL TECHNOLOGY
University of the Philippines Los Baños

APPLICATION FOR GRADUATION*
FIRST SEMESTER 2024-2025

Last Name: _____ First Name: _____ Middle Name: _____
Student No.: _____ SAIS No.: _____
Degree: _____ Major: _____
Permanent Home Address: _____

Tel. No./Cell No.: _____ Email Address: _____
Total no. of units completed: _____ No. of units enrolled this sem: _____
Did you register/cross enroll in any UP unit? YES _____ NO _____
If yes, state the unit _____ (Diliman, Manila, Baguio, Iloilo, etc)

| Courses/sem/taken | UPLB Equivalent |
|-------------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Subject | Target Date of Removal/Completion |
|---------|-----------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please check: _____ graduating with honors with expected GWA of: _____
_____ not graduating with honors

This is to give consent to CEAT Office of the College Secretary to (please check the corresponding boxes)**:

- Print my name in the testimonial program of the College, including my degree and award upon my graduation.
 Include my name in the public list of candidates for graduation, including degree and deficiencies, posted online or in hard copy.

Date

Signature of Student

*Please submit this form to CEAT-OCS on/before last date of late registration.

** Those who opt not to give their consent will be interviewed briefly by the OCS staff to determine reason.

OFFICE OF THE UNIVERSITY REGISTRAR
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

DATA PRIVACY CONSENT FORM

In the event my graduation is approved by the University's Board of Regents upon the recommendation of the proper University bodies, I am allowing the University of the Philippines Los Baños to publish my name and the last degree that I earned including any honors received, (as well as any previous degrees earned), in the program to be distributed during the Commencement Exercises. I understand that the University is seeking my consent as the graduation program may be accessed by members of the public.

I further confirm that the University, through the UP System Office of Alumni Relations (OAR) and other appropriate offices are authorized to provide my name, degree(s) and honor(s) earned, contact information as well as such other personal information that will enable my identity to be verified, to the University of the Philippines Alumni Association and its chapters so as to enable the University to comply with R.A. 9500.

Signature over Printed Name of Student

Date Signed