

APPLICATION FOR INTENTION TO GRADUATE

Date Filed:		
Local Address:		
Tel. No		
		·
Name of Inst	itution	
Minor		
DISSERTATION	THESIS	SPECIAL PROJECT
(if any):		
her schools?	Yes	No
	Tel. No Name of Inst Major Minor DISSERTATION (if any):	Local Addre

Ground Floor, CSM Bldg. Andres Bonifacio Avenue, Tibanga, 9200 Iligan City Tel. (063) 221-4050 Local, 138, Tel./Fax: (063) 223-2345 e-mail: coe-jno@sulat.msuiit.edu.ph Website: http://csm.msuiit.edu.ph/sgs

Date:_____ Mr./Ms.____ Mr./Ms._____c/o Department of ______ This Institute It gives me pleasure to inform you that you passed the Comprehensive Examination administered on_____ for the degree_____ A notation to this effect has been entered on your records. CONGRATULATIONS!

Dean

Cc: Registrar Program Coordinator file