

Signature of Student/Date

Republic of the Philippines ASIAN SEMINARY OF CHRISTIAN MINISTRIES

By-Pass Rd., Brgy. San Vicente II, Silang, Cavite 4118 www.ascm.edu.ph

OFFICE OF THE REGISTRAR

APPLICATION FOR GRADUATION

ID NO.:			DATE APPLYING:		
NAME: _	Surname	First Name		Middle Name	
ADDRESS	S:				
EMAIL:_		CELLPHONE NOS.:			
PROGRA	AM/DEGREE: (Please chec	ck the degree being	applied)		
(() Master of Divinity		() Bachelor of Theology		
-	() Master of Divinity (Thesis)() Master of Arts in Christian Leadership (Thesis)		() Bachelor of Christian Education() Certificate in Church Musicianship		
(() Master of Arts in Christian Leadership		() Doctor of Ministry		
(() Master of Social Work (Thesis)			() Certificate in Ministry	
I am appl	lying to graduate on:	(Expected date	e of Graduation)	_	
				D FEE: PHP 5,500.00	
and the state of t				y upon approval of application	
	nd that I must meet all the d des the following:	legree requirement	s before the degre	ee is conferred to me.	
				REMARKS	
Resolution of incomplete and /or lacking grades					
2.Submission of major project, thesis or comprehensive exam (if applicable) 3.Submission of Student Clearance* Form (Academic/Business Offices) *Must be cleared from all accountabilities.					
4.Completion of admission requirements including visa papers* *For international students.					
	ance must be accomplished before the liberal l				