



**FOR OFFICIAL USE ONLY**

**C. Directorate of Student Affairs**

I recommend/do not recommend that the applicant may be considered for graduation scheduled for \_\_\_\_\_ as he/she has no pending case.

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date&Stamp \_\_\_\_\_

**D. Dean of School**

I have assessed the request for graduation and I recommend/ do not recommend for consideration.

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date&Stamp \_\_\_\_\_

**E. Registrar ASA**

The student may be considered/not be considered for graduation in \_\_\_\_\_.

Reason if not considered \_\_\_\_\_

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date/Stamp \_\_\_\_\_

**F. Any Relevant Comment/Remarks**

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