

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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