



COLLEGE OF AGRICULTURE, SCIENCE AND EDUCATION (CASE)
OFFICE OF THE REGISTRAR
REGISTRY, WEST CAMPUS, PASSLEY GARDENS, PORTLAND

APPLICATION FOR GRADUATION

NAME: _____ GENDER: M F
Last First Middle
(Please ensure that your name is written how you want it to appear on your Degree/Diploma)

Current Address: _____ Tel #: _____ E-Mail Address: _____

Previous/ Permanent Address _____

Year of Entry: _____ Mode of Study: Full-Time Part-Time I.D. #: _____

Programme of Study [Please indicate the programme you pursued by placing a tick (√) in the appropriate box.]

FACULTY OF AGRICULTURE

- Bachelor of Tech., Agri-Prod. & Food Syms. Mgmt
- Bachelor of Science, Agricultural Education
- Bachelor of Science, Animal Science
- Bachelor of Science, Plant Science
- Associate of Science, General Agriculture
- Associate of Science, Veterinary Science
- Occupational Associate, Agro-Food Processing
- Occupational Associate, Agri-Prod. & Supervision
- Diploma, Agriculture

FACULTY OF SCIENCE

- Bachelor of Tech., Environmental Science
- Bachelor of Education, Secondary Education
- Associate Degree, Natural Science
- Associate Degree, Natural Sci. - ENVIS

FACULTY OF EDUCATION

- Post Graduate Diploma in Education
- Bachelor of Education, Primary
- Bachelor of Science, Business Studies
- Bachelor of Science, Hospitality & Tourism Management
- Associate of Science, Business Studies
- Associate of Science, Hospitality & Tourism Management
- Associate of Science, Early Childhood Education
- Applied Associate of Science, Agro-Proc. & Business Management

Name & Address of Organization if currently employed: _____

Dept.: _____ Job Title: _____ Tel./Email: _____

Graduation Ceremony: Attending Absentia Media/Newspaper Publication: Yes, I want my name or photo listed No, I do not want my name or photo listed

Signature: _____ Date: _____

For Official Use Only (Graduands, please do not write in this section)

CHECK: (1) Eligible for graduation ceremony Yes No Comments: _____
(2) Financially cleared Yes No Comments: _____
(2) Eligible for award Yes No Comments: _____

Official Signatures: _____
Director of Finance Date (YY/MM/DD) Dean: FOS FOA FOE Date (YY/MM/DD) Registrar Date (YY/MM/DD)