

**UNIVERSITY OF THE PHILIPPINES MANILA
OFFICE OF THE UNIVERSITY REGISTRAR**

OUR FORM 1

INSTRUCTIONS:

1. **FILL-OUT** request form and submit to the person-in-charge for computation of fees.
2. **PAY** the application fee at the **Cashier**.
3. **RETURN** your application w/ machine validated payment together with O.R. of payment at the OUR.
4. A **CLAIM SLIP** will be issued with the tentative date when the documents will be ready. Please call 5240534/5239608/8141244/8141245/09152311167 two (2) days before claim date to verify if documents are ready.
5. To claim, present claim slip (NO CLAIM SLIP, NO DOCUMENT) and your ID with photo.
6. **Unclaimed documents will be shredded after six (6) months of application.**

DATE AND TIME RECEIVED

	DATE	
	IN	OUT
WINDOW		
FELIX		
SRE		
ENCODER		
CHECKER		
FINAL TOR/FELIX		
SRE		
TARGET OUT		

NAME OF STUDENT: _____
 (Pls. Print Legibly) LAST FIRST MIDDLE
 (Based on birth certificate; if married, encircle family name used during last enrollment in UP)

STUDENT NUMBER: _____ Cellphone No: _____ Sex: _____ Email Add: _____

PERMANENT ADDRESS: _____

COLLEGE: _____ DEGREE: _____ INCLUSIVE DATES: _____ YEAR OF GRAD.: _____

Had accomplished the University Clearance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
With RSA Contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

A. CHECK THE BOX OPPOSITE THE DOCUMENT/S REQUESTED FOR. INDICATE THE NUMBER OF COPIES NEEDED.

TYPE OF DOCUMENTS	No. of copies	Amount	III. Verification (P100 per copy, if local)	No. of copies	Amount
I. Transcript of Records (P50 per page)			<input type="checkbox"/> Company Verification (CV)		
<input type="checkbox"/> First time request			<input type="checkbox"/> Certification, Authentication & Verification (CAV)		
<input type="checkbox"/> Recopy			IV. Letter Envelope (P10)		
<input type="checkbox"/> Update			<input type="checkbox"/> Envelope (ENV)		
II. Certifications (P50 per copy)			<input type="checkbox"/> Others, please specify:		
<input type="checkbox"/> English Translation of Diploma (ETD)					
<input type="checkbox"/> Certified True Copy of Diploma (CTD)					
<input type="checkbox"/> Certification of Graduation (COG)					
<input type="checkbox"/> Certified Text of Diploma (CTXTD)					
<input type="checkbox"/> Honorable Dismissal (HD)					
			Total:		P

B. CHECK THE PURPOSE OF THE REQUEST

- Employment Local Employment Abroad PRC Others, pls. Sepficy:
 Postgraduate studies, local Postgraduate studies, abroad Transfer to other school (indicate school)

C. REQUIREMENT FOR REQUEST OF ENVELOPE (Incomplete address will not be processed)

Complete address of the receiver _____

Check documents to be mailed:

- TOR ETD CTD COG CV CTXTD HD CAV

D. Student's Signature: _____

If representative is filling out the application for the student/alumni, please furnish the following information:

Name of Representative: _____ Tel. No. _____
Signature over printed name

Received by: _____ Date: _____