

	DATE	TIME
WINDOW:		
FELIX:		
SRE:		
TYPIST:		
SRE:		
TARGET OUT:		

INSTRUCTIONS:

1. Fill up 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
4. A **claim slip** will be issued with the tentative date when the documents will be ready.
Please call **5240534/ 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.
If you are a representative, present ID with photo, claim slip and letter of authorization
6. Unclaimed documents will be shredded within 6 months of application.

NAME OF STUDENT

(Please Print Legibly) LAST _____ FIRST _____ MIDDLE _____
 (Based on birth certificate; if married, encircle family name used during last enrolment in U.P.) MAIDEN NAME: _____

STUDENT NUMBER: _____ Cellphone No: _____ GENDER: _____
 Email Address: _____

PERMANENT ADDRESS: _____

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

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

TYPE OF DOCUMENTS	No.	Amount	III. Verification P100 per copy	No.	Amount
I. Transcript of Records P50 per page			<input type="checkbox"/> Company Verification (CV)		
<input type="checkbox"/> 1 st time			<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. Certificates P50 per copy			<input type="checkbox"/> Others, pls. 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:		₱

B. CHECK THE PURPOSE OF THE REQUEST

- Employment Local Employment abroad PRC
 Postgraduate studies, local Postgraduate studies abroad Transfer to another school (Indicate school)
 Others, pls. specify

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

Complete Address of receiver: _____

Check documents to be mailed:
 TOR ETD CTD COG CV CTXTD HD CAV

Signature of Student: _____

If representative is filing up the application for the student/alumnus, please furnish the following information:

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

Complete Address: _____

Received by: _____
 Signature over printed Name Date: _____