

UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center Corner Padre Faura and Maria Orosa Streets, Ermita, Manila

1908	
Date:	
THE REGISTRAR	
University of Santo Tomas España Blvd., Manila	
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REQUEST FOR TRANSFER CREDENTIALS	
Dear Sir/ Madam:	
This is to request the Official Transcript of Records of	_who was graduated in the
program under the College of	and is ACCOMPLISHING
HIS UNIVERSITY CLEARANCE pending the submission of the above-mentioned document with a "Copy for University of the Philippines Manila."	the remarks
Truly yours,	
Truly yours,	
JEAN FLOR CAMU CASAUAY, RPH, MS	
University Registrar	
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