



UNIVERSITY OF THE PHILIPPINES MANILA
The Health Sciences Center
 Corner Padre Faura and Maria Orosa Streets, Ermita, Manila

UPM-OUR-OP-01F12
 REQUEST FOR TRANSFER CREDENTIALS
 SCHOOL COPY

Date: _____

THE REGISTRAR
 University of Santo Tomas
 España Blvd., Manila

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 the remarks "Copy for University of the Philippines Manila."

Truly yours,

JEAN FLOR CAMU CASAUAY, RPH, MS
 University Registrar



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