



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  
 ADMITTING SCHOOL COPY

Date: .....

THE REGISTRAR  
 .....  
 .....

REQUEST FOR TRANSFER CREDENTIALS

Dear Sir/ Madam:

This is to request the Official Transcript of Records of ..... who is admitted in the ..... program under the College/School of ..... and provisionally enrolled this ..... pending the submission of the above mentioned document with the remarks "Copy for University of the Philippines Manila."

Truly yours,

**TRISTAN NATHANIEL C. RAMOS, DDM, MPH**  
*University Registrar*



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