



REQUEST FOR CORRECTION OF NAME

Document No.: FM-RO-09-02

Effective Date: December 1, 2017

BILLING NO. : _____

Amount: _____

THE UNIVERSITY REGISTRAR

Mapúa University
Muralla St., Intramuros, Manila 1002

Dear Sir/Madam:

I, _____, would like to request your good office for the correction of my name/date or place of birth from _____ to _____ in my academic records to conform with my name/date or place of birth in my birth certificate.

In this connection, I am submitting the following documents:

- a. Certified true copy of Birth Certificate/Marriage Contract from National Statistics Office(NSO) / photocopy of Alien Certificate of Registration for International Students
- b. Personal affidavit (if of legal age) or affidavit of parent.
- c. Joint Affidavit of two (2) Disinterested Parties.

Thank you.

Very truly yours,

Note : Accomplish this form in two (2) copies.

PROGRAM/YEAR: _____

STUDENT NO. : _____

Note : Accomplish this form in two (2) copies.

Name and Signature of Student

NATIONALITY: _____

CONTACT NO. _____

ACTION TAKEN :

- APPROVED
- DISAPPROVED

ARIZIEL RUTH D. MARQUEZ
University Registrar