



# APPLICATION FOR TRANSCRIPT OF RECORDS (BS/Undergraduate)

Document No.: FM-RO-31-00

Effective Date: June 2, 2014

**BILLING NO.** \_\_\_\_\_

Amount: \_\_\_\_\_

### INSTRUCTIONS:

1. Accomplish the form and secure necessary clearances:  
Center for Career Services, ELC, Library, ILMO, Deans Office and Treasury Department.
2. Return the form to the Customer Service Section for billing.
3. Pay at the Treasury Department.
4. Proceed to DoIT (Intramuros Campus) or CSAD (Makati Campus) for picture taking.
5. Return the form to the Customer Service Section together with the official receipt (OR).

### REMINDERS :

Applicant must file/claim their documents personally. Should they be unable to do so, they may send authorized representatives who may file/claim documents on their behalf. However, authorized representatives must submit the following:

1. An authorization letter from the applicant
2. A photocopy of applicant's valid ID bearing his signature and passport biopage (for applicants abroad)
3. Representative's own valid ID with signature

### ADVISORY :

All Transcript of Records not claimed within one (1) year are subject to disposal.

### PURPOSE :

For Abroad

For Board Exam

For Employment

For Verification

NAME : \_\_\_\_\_  
Last First Middle

STUDENT NO. : \_\_\_\_\_ NATIONALITY : \_\_\_\_\_ GENDER : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ PLACE OF BIRTH : \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

CONTACT NO. : \_\_\_\_\_

### EDUCATION RECORDS (Name of School) :

High School \_\_\_\_\_

College/University (for transferee) \_\_\_\_\_

STATUS:  Graduate  Under Graduate

LAST TERM ENROLLED : \_\_\_\_\_

DEGREE/PROGRAM : \_\_\_\_\_

DATE OF GRADUATION : \_\_\_\_\_

HONORS/DISTINCTION RECEIVED : \_\_\_\_\_

Have you been issued a copy of your transcript of records before?  Yes  No If "Yes" when? \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature/Date

### CLEARANCES:

Center for Career Services \_\_\_\_\_ ELC \_\_\_\_\_

Dean's Office \_\_\_\_\_ ILMO \_\_\_\_\_

Library \_\_\_\_\_ Treasury \_\_\_\_\_

### To be filled out by the Office of the Registrar personnel only

REMARKS :	TREASURY	APPLICATION RECEIVED BY/DATE: _____
		DUE DATE : _____
	TOTAL NO. OF SETS	TR SIGNED BY/DATE :
	Payment Validation	

**Return this form to the Customer Service Section upon payment**

### I hereby acknowledge receipt of my transcript of records

Authorized Representative

Signature over printed name/Date

Signature over printed name/Date