



# APPLICATION FOR TRANSCRIPT OF RECORDS (Graduate Studies)

Document No.: FM-RO-32-00

Effective Date: June 2, 2014

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

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

### INSTRUCTIONS:

1. Accomplish the form and secure necessary clearances: Deans Office Library 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 receipt.

### 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. : \_\_\_\_\_

### RECORD OF UNDERGRADUATE EDUCATION RECORDS :

Undergraduate Degree completed at : \_\_\_\_\_

Degree : \_\_\_\_\_

Date of Graduation : \_\_\_\_\_

Graduate School attended (if any) : \_\_\_\_\_

### EDUCATION RECORDS :

STATUS: Graduate  Yes  No LAST TERM ENROLLED : \_\_\_\_\_

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

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

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

THESIS/DISSERTATION TITLE : \_\_\_\_\_

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

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

### CLEARANCES:

Dean's Office	Library	Treasury
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### To be filled out by the Office of the Registrar personnel only

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

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

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

Signature over printed name/Date	Authorized Representative  Signature over printed name/Date
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