MAPÚA UNIVERSITY	**APPLICATION FOR TRANSCRIPT OF RECORDS (BS/Undergraduate)**	Document No.: FM-RO-31-02 Effective Date: July 28, 2017

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 personnally. 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 unclaimed Transcript of Records will be disposed after one (1) year from the scheduled date of release.

PURPOSE : ☐ For Abroad ☐ For Board Exam ☐ For Employment ☐ For Verification

NAME : _____
Last First Middle

STUDENT NO. : _____ NATIONALITY : _____ GENDER : _____

DATE OF BIRTH : _____ PLACE OF BIRTH : _____ 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

C L E A R A N C E S

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 SET(S)	*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

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