



APPLICATION FOR TRANSFER CREDENTIALS (For Senior High School)

Document No.: FM-SHS-18-01

Effective Date: October 19, 2017

BILLING NO.: \_\_\_\_\_

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

REQUIREMENT:

- 1. Letter of parents allowing the student to transfer to other school.

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

INSTRUCTIONS:

- 1 Accomplish the form and secure necessary clearances from the following: Library, Guidance Office, Office of the Prefect and Treasury.
2 Return the form to the Customer Service Section for billing.
3 Pay at the Treasury Department.
4 Return the form to the Customer Service Section.
5 Transfer Credentials shall be released after three (3) working days.
6 The amount paid covers the charges for the Secondary Student's Permanent Record (F137-A) which shall be mailed upon request of the school where the student transferred.

I hereby request for my transfer credentials from MAPUA UNIVERSITY in connection with my transfer to another school.

REASON FOR APPLYING: (Please check box)

- Change Strand to \_\_\_\_\_ Can't cope with the academics Financial Problem
Others \_\_\_\_\_

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

STUDENT NO. \_\_\_\_\_ STRAND/GRADE: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

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

MAILING ADDRESS : \_\_\_\_\_ CONTACT NO. : \_\_\_\_\_

EDUCATIONAL BACKGROUND:

Primary: \_\_\_\_\_
Junior High School : \_\_\_\_\_
Senior High School: \_\_\_\_\_

Applicant's Signature/Date

Applicant also hereby allows the University to release and use the above stated information for legitimate purposes and allow the release only to authorized personnel in accordance with the Data Privacy Policy of the University.

CLEARANCES:

Table with 4 columns: LIBRARY, GUIDANCE OFFICE, OFFICE OF THE PREFECT OF DISCIPLINE, TREASURY

Table with 3 columns: REMARKS (Principal), TREASURY (Payment Validation), RECEIVED BY/DATE, TC SIGNED BY/DATE

Return this form to the Office of the Registrar Customer Service Section upon payment.

TRANSFER CREDENTIALS RECEIVED BY:

Table with 2 columns: Student (Signature over printed name/Date), Authorized Representative (Signature over printed name/Date)

For Office of the Registrar personnel only

MAPUA TR ISSUED TO: \_\_\_\_\_

TR SECTION CHIEF SIGNED BY/DATE: \_\_\_\_\_

TR SIGNED BY/DATE: \_\_\_\_\_