

PRC: LIST OF GREASES



OFFICE OF THE REGISTRAR

GRADE SHEET

SUBJECT: _____

DEPARTMENT: _____

DESCRIPTION: _____

DAYS: _____

SEMESTER: _____

TIME: _____

ACADEMIC YEAR: _____

ROOM: _____

CREDIT UNIT:	COMPLETE STUDENT'S NAME			COURSE/YEAR	MIDTERM	FINAL	REMARKS
NO.	LAST NAME	FIRST NAME	MN				
MALE:							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
FEMALE:							
1							
2							
3							
4							

GRADING SYSTEM

RATING	EQUIVALENT	DESCRIPTION	RATING	EQUIVALENT	DESCRIPTION
1.0	99-100	EXCELLENT	2.3	82	GOOD
1.1	97-98	EXCELLENT	2.4	81	GOOD
1.2	95-96	EXCELLENT	2.5	80	GOOD
1.3	93-94	VERY GOOD	2.6	79	FAIR
1.4	91-92	VERY GOOD	2.7	78	FAIR
1.5	90	VERY GOOD	2.8	77	FAIR
1.6	89	GOOD	2.9	76	FAIR
1.7	88	GOOD	3.0	75	FAIR
1.8	87	GOOD	5.0	BELOW 75	FAILURE
1.9	86	GOOD	NG	NO GRADE	
2.0	85	GOOD	DR	DROPPED	
2.1	84	GOOD	NA	NOT ATTENDED	
2.2	83	GOOD			

MALE

FEMALE

TOTAL

SUBMITTED BY:

NOTED: _____

PROGRAM HEAD/ DEAN

Instructor

APPROVED:

MS. SHERYL E. CABASAG
REGISTRAR

MARCELINA A. SALES, Ph.D.
VICE PRESIDENT FOR ACADEMIC AFFAIRS



REQUEST FORM

NAME OF STUDENT: _____

(Please write the name registered during the enrolment at TPC)

Course/Major: _____
Address: _____
Contact No.: _____

Type of Request:

- 1 Transcript of Records (TOR) _____
- 2 Diploma (Duplicate) _____
- 3 Form 137-A _____
- 4 Certification/s: _____

No. of Copies

Pls. check if First Copy
Yes _____ No _____

Pls. fill the information needed correctly
Year Graduated _____
For unfinished curriculum:
Year of First Attendance _____
Year of Last Attendance _____

Authentication (CAV)
 Course Description _____
 English Medium of Instruction _____
 English Translation Diploma _____
 Enrollment _____
 General Weighted Ave. _____
 Graduation _____
 Transfer Credentials _____
 Units Earned _____
 Others: _____

Purpose of Request: (pls. check)

- | | |
|---|---|
| <input type="checkbox"/> Board Examination | <input checked="" type="checkbox"/> Promotion |
| <input type="checkbox"/> Employment (Local) | <input type="checkbox"/> Ranking |
| <input type="checkbox"/> Employment Abroad | <input type="checkbox"/> Records Purposes |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Scholarship |
| Others: _____ | |

CLAIM STUB

NAME: _____

DATE FILED: _____

DUE DATE: _____

Pls. claim your Request at Window _____

Important Reminders:

1. Pls. bring with you this stub in claiming your request
2. In case of a Representative, pls. attach your Authorization letter, your ID and the ID of representative.
3. In case of lost stub, inform the REG office immediately.
4. Release of request/s will only depend if the requirements are complete.
5. The validity of request is 60 days from the date of filing.

SIGNATURE OF REQUESTOR

SIGNATURE OF REPRESENTATIVE

FORM 1

Republic of the Philippines
 (Name of State / Local University or College)
 (Address of State / Local University or College)

CONSOLIDATED FREE HE BILLING STATEMENT

Free HE Billing Statement Reference No.: XX - XXXXXX - 2018 - X - X

Date:

To	CHED - Central Office		
Address	Higher Education Development Center Building, C.P. Garcia Ave, UP Campus, Diliman, Quezon City, Metro Manila		
Responsibility Center	Request for payment of tuition fees and other school fees (TOSF) for the _____ Term AY _____ to be charged against the Free Higher Education for CHED under Republic Act 10931 otherwise known as the Universal Access to Quality Tertiary Education(UAQTE), and as per CHED-UniFAST Guidelines for Free HE per attached supporting documents.	Account Code	Amount
Signature	Signature		
Printed Name	Printed Name		
Position	Head, Accounting/Authorized Representative	Position	President/Authorized Representative
Date	Date		

INSTRUCTIONS:

1. SUCs are allowed a maximum of two (2) tranches of payments per semester.

2. The Free HE statement reference number shall comprise of the REGIONAL CODE (2-digit), SUC CODE (alpha codes), ACADEMIC YEAR (4-digit), TERM (1-digit), LUC CODE (alpha code) ACADEMIC YEAR (4-digit), TERM (1-digit) & BATCH NUMBER (1 digit). Descriptions and codes are provided below:

Regional Codes					
Region	Code	Region	Code	Region	Code
Region 1	01	Region 6	06	Region 12	12
Region 2	02	Region 7	07	NCR	NCR
Region 3	03	Region 8	08	CARAGA	CARAGA
Region 4A	04	Region 9	09	ARMM	ARMM
Region 4B	MIMAROPA	Region 10	10	CAR	CAR
Region 5	05	Region 11	11		

"SUC Code" shall be the Acronym used by the SUC for their institution.
 "LUC Code" shall be the Acronym used by the LUC for their institution.
 e.g. MinSCAT for Mindoro State College of Agriculture and Technology

"Academic Year" will use the year when the AY began (e.g. 2018 for AY 2018-2019).

"Term" refers to the academic year semester or terms:

Term	Code	Term	Code
1st semester	1	3rd semester	3
2nd semester	2	Summer	3

"Batch" refers to the number of times an SUC / LUC liquidates with CHED in a semester.

Note that SUCs / LUCs may liquidate with CHED no more than two (2) batches per semester.

Examples of a billing statement no.

The first batch of Free HE statement submitted by MinSCAT in 1st sem AY 2018-2019:
 MIMAROPA - MinSCAT - 2018 - 1 - 1

The second batch of Free HE statement submitted by Quirino State University in 1st semester of AY 2018 - 2019
 02 - QSU - 2018 - 1 - 2

3. Send a printed copy of this completed Free HE Statement Form (Form 1) to CHED Central Office Records Section for proper receiving procedures.
 Do not send the signed forms to any other office in CHED.

FREE HIGHER EDUCATION BILLING DETAILS

Name of State / Local University or College

Free HE Billing Details Reference Number: XX-XXXXXX-2018-X-X

REVIEW

SOC / LUC Administrative Staff
(Print Name and Signature)

STC/LU: Registrar
(Type Name and Signature)

STC / LUT President
Print Name and Signature

Republic of the Philippines
TALIBON POLYTECHNIC COLLEGE
SAN ISIDRO, TALIBON, BOHOL

Republic of the Philippines
BON POLYTECHNIC COLLEGE
MISAMIS TALISON ROCAZON

Free HE Billing Details Reference Number: 07-TPC-2020-1-1

Form 3

Republic of the Philippines
(Name of State / Local University or College)
(Address of State / Local University or College)

FREE HIGHER EDUCATION BILLING DETAILS

Free HE Billing Details Reference Number: XX - XXXXX - 2018 - X - X

Date: _____

ADMISSION FEES (Based on Section 7, Rule II of the IRR of RA 10931)

Sequence Number	Last Name	Given Name	Middle Initial	Sex at Birth (M/F)	Birthdate (mm/dd/yyyy)	Degree Program	Year Level	Email Address	Phone Number	Entrance/A dmision Fees*	Remarks (Passed or Failed)
Page Total											
Page Accumulated Total											
OVER-ALL TOTAL - ADMISSION FEE											

**To be filled once the fee is particular to admissions/entrance Examination*

Prepared and Certified by:

Certified by:

Approved by:

Designated Admission Officer
(Print Name and Signature)

Designated Accountant
(Print Name and Signature)

SUC / LUC President
(Print Name and Signature)



TES APPLICATION FORM

1 X 1
Photo Here

FINGERPRINTS			
ID No.	Last Name	First Name	Middle Name
Course & Year	Birthdate (dd/mm/year)	Contact No.	
	Last Name	Mother's Maiden Name	
Sex (Male/Female)	First Name	Middle Name	
Learner's Reference No.	Father's Name		
Household per Capita Income	Last Name	First Name	Middle Name
Street & Barangay	Permanent Address		
Town/City/Mun.	Province	Zip Code	Disability

Signature Over Printed Name



Republic of the Philippines
Province of Bohol
Municipality of Talibon
TALIBON POLYTECHNIC COLLEGE
San Isidro, Talibon, Bohol 6325 Philippines
tpreregistrar@gmail.com



OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

July 24, 2020

TO WHOM IT MAY CONCERN:

This is to certify that **LANGUAGE (BAEL)**, a **BACHELOR OF ARTS IN ENGLISH** student of Talibon Polytechnic College during the Academic Year 2019-2020 is hereby granted Certificate of Transfer effective this date.

Her official transcript of records will be forwarded only upon receipt of the return slip below duly accomplished.

O.R. NO: _____

SHERYL E. CABASAG

Registrar

REMARKS: _____

DATE ISSUED: _____

NOT VALID WITHOUT

TPC SEAL

(Return Slip)

cut here and mail return slip

_____ Date

MS. SHERYL E. CABASAG
REGISTRAR
TALIBON POLYTECHNIC COLLEGE
San Isidro, Talibon, Bohol

Ma'am:

Please send us a copy of the OFFICIAL TRANSCRIPT OF RECORDS of
who was temporarily admitted in our school pending the receipt of the school records.

Registrar

School

Address



Republic of the Philippines
Province of Bohol
Municipality of Talibon
TALIBON POLYTECHNIC COLLEGE
San Isidro, Talibon, Bohol 6325 Philippines
tpcregistrars@gmail.com

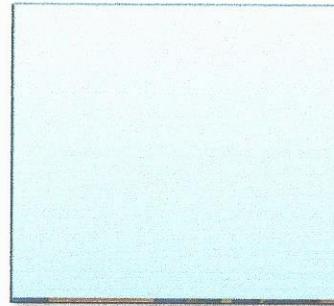


OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

Revised 2020

PERSONAL DATA

NAME:
STUDENT NUMBER:
DATE OF BIRTH:
PLACE OF BIRTH:
GENDER:
RELIGION:
CITIZENSHIP:
FATHER:
MOTHER:
ADDRESS:
DATE ADMITTED:
ENTRANCE DATA:
DEGREE PROGRAM:



RECORD OF PRELIMINARY EDUCATION

COMPLETED	NAME OF SCHOOL	SCHOOL YEAR
ELEMENTARY:		
SECONDARY:		
TERTIARY:		

COLLEGiate RECORD

GRADING SYSTEM

RATING	EQUIVALENT	DESCRIPTION	RATING	EQUIVALENT	DESCRIPTION
1.0	99-100	EXCELLENT	2.3	82	GOOD
1.1	97-98	EXCELLENT	2.4	81	GOOD
1.2	95-96	EXCELLENT	2.5	80	GOOD
1.3	93-94	VERY GOOD	2.6	79	FAIR
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1.7	88	GOOD	3.0	75	FAIR
1.8	87	GOOD	5.0	BELOW 75	FAILURE
1.9	86	GOOD	NG	NO GRADE	
2.0	85	GOOD	DR	DROPPED	
2.1	84	GOOD	NA	NOT ATTENDED	
2.2	83	GOOD			

CREDITS

One collegiate unit of credit is one hour of lecture or recitation each week for one semester. Three hours of laboratory each week or a total of 54 hours a semester are regarded as also to one unit of credit. The semestral average grade of a student is computed by multiplying the number of units assigned to a course by the grade earned and the product is divided by the units earned for the semester.

O.R. NO: _____

REMARKS: _____
DATE ISSUED: _____

NOT VALID WITHOUT
TPC SEAL

Prepared by:

MA. JINGLE C. SAMBALUD
Registrar Staff

Checked by:

MA. HAZEL E. AUXTERO
Registrar Staff

SHERYL E. CABASAG
Registrar



Republic of the Philippines

Barroso and Pachol
Mucositis 173

Municipality of Talibon
LUBBOCK

Municipality of Talibon
TALIBON POLYTECHNIC COLLEGE

San Isidro, Talibon, Bohol 6325 Philippines
tecnico@atm.org.ph

tpcicregister@gmail.com



OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

OFFICIAL TRANSCRIPT OF RECORDS

LAST NAME

FIRST NAME

MIDDLE NAME

COLLEGIATE RECORD

SUBJECT CODE	DESCRIPTIVE TITLE	GRADE	CREDITS
		FINAL	RE-EXAM
<u>TALIBON POLYTECHNIC COLLEGE - San Isidro, Talibon, Bohol</u>			
<u>1st SEMESTER, AY 2019-2020</u>			
ELS 100			3
ELS 103			3
ENGLISH 1			3
ENGLISH 1A			3
FILIPINO 1			3
AHL 1			3
SOC SCI 4			3
SCIENCE 1			3
PE 1			3
NSTP 1		(2)	(3)

TALIBON POLYTECHNIC COLLEGE - San Isidro, Talibon, Bohol
2nd SEMESTER, AY 2019-2020

ELS 102		3
ENGLISH 121		3
FILIPINO 2		3
ENGLISH 2		3
AHL 2		3
MATH 1		3
SOC SCI 1		3
PE 2		3
NSTP 1	(2)	(3)

O.R. NO:

REMARKS: _____

NOT VALID WITHOUT

TPC SEAL

Prepared by:

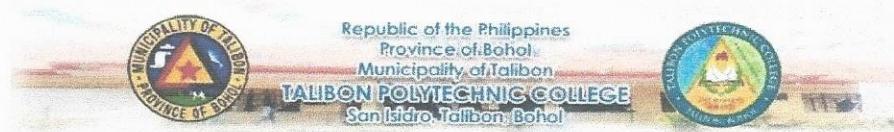
Checked by:

MA. JINGLE C. SAMBALUD
Registrar Staff

MA. HAZEL E. AUXTERO

SHERYL E. CABASAG

STATE E. CAB



**COMPARATIVE DATA OF THE ENROLLMENT
OF TRANSFERRED STUDENTS FROM PUBLIC HEIs**

DEGREE PROGRAMS	YEAR LEVEL	2019	2020
BA ENGLISH LANGUAGE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BA POLITICAL SCIENCE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS AGRICULTURE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS ACCOUNTING INFORMATION SYSTEM	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS INFORMATION SYSTEMS	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
TOTAL			

Increase = _____
% Increase = _____
% Increase = _____
_____%

PREPARED BY:

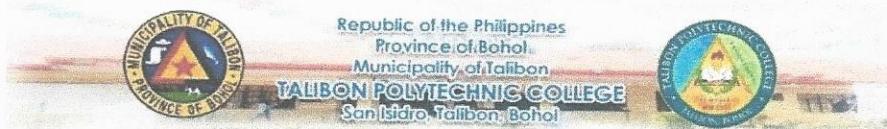
SHERYL E. CABASAG
REGISTRAR

NOTED:

MARCELINA A. SALES, Ph.D.
VP for ACADEMIC AFFAIRS

APPROVED:

MARIA FE P. COMAHIG, Ph.D.
PRESIDENT



**COMPARATIVE DATA OF THE ENROLLMENT
OF TRANSFERRED STUDENTS FROM PRIVATE HEIs**

DEGREE PROGRAMS	YEAR LEVEL	2019	2020
BA ENGLISH LANGUAGE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BA POLITICAL SCIENCE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS AGRICULTURE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS ACCOUNTING INFORMATION SYSTEM	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS INFORMATION SYSTEMS	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
TOTAL			

Increase = _____
 % Increase = _____
 % Increase = _____ %

PREPARED BY:

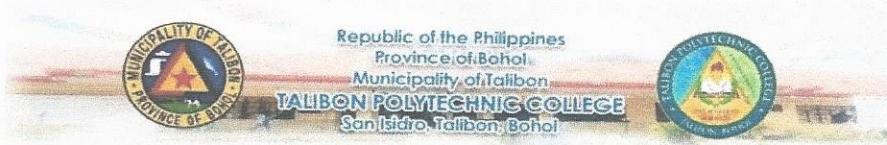
SHERYL E. CABASAG
REGISTRAR

NOTED:

MARCELINA A. SALES, Ph.D.
VP for ACADEMIC AFFAIRS

APPROVED:

MARIA FE P. COMAHIG, Ph.D.
PRESIDENT



**COMPARATIVE DATA OF THE ENROLLMENT
AY 2019 - 2020 AND AY 2020 - 2021**

DEGREE PROGRAMS	YEAR LEVEL	2019	2020
BA ENGLISH LANGUAGE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BA POLITICAL SCIENCE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS AGRICULTURE	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS ACCOUNTING INFORMATION SYSTEM	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
BS INFORMATION SYSTEMS	1ST YEAR		
	2ND YEAR		
	3RD YEAR		
	4TH YEAR		
TOTAL			

Increase = _____
 % Increase = _____
 % Increase = _____
 %

PREPARED BY:

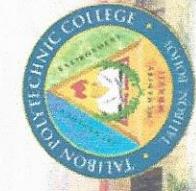
**SHERYL E. CABASAG
REGISTRAR**

NOTED:

MARCELINA A. SALES, Ph.D.
VP for ACADEMIC AFFAIRS

APPROVED:

MARIA FE P. COMAHIG, Ph.D.
PRESIDENT



Republic of the Philippines
Province of Bohol
Municipality of Talibon
TALIBON POLYTECHNIC COLLEGE
San Isidro, Talibon, Bohol



SUMMARY OF ENROLMENT

FIRST SEMESTER, ACADEMIC YEAR 2020-2021

PROGRAMS	YEAR LEVEL	MALE		FEMALE		TOTAL
BA ENGLISH LANGUAGE	FIRST YEAR					
	SECOND YEAR					
	THIRD YEAR					
	FOURTH YEAR					
BA POLITICAL SCIENCE	FIRST YEAR					
	SECOND YEAR					
	THIRD YEAR					
	FOURTH YEAR					
BS AGRICULTURE	FIRST YEAR					
	SECOND YEAR					
	THIRD YEAR					
	FOURTH YEAR					
BS ACCOUNTING INFORMATION SYSTEM	FIRST YEAR					
	SECOND YEAR					
	THIRD YEAR					
	FOURTH YEAR					
BS INFORMATION SYSTEMS	FIRST YEAR					
	SECOND YEAR					
	THIRD YEAR					
	FOURTH YEAR					
TOTAL						

Prepared by:

Noted:

Approved:

SHERYL E. CABASAG
REGISTRAR

MARCELINA A. SALES, Ph.D.
VP FOR ACADEMIC AFFAIRS

MARIA FE P. COMAHIG, Ph.D.
PRESIDENT



Republic of the Philippines

Province of Bohol

Municipality of Tolibon

TAIBON POLYTECHNIC COLLEGE

Son Isidro Talibon Bohol

ENROLMENT FORM

ACADEMIC YEAR: _____ TERM/SEMESTER: _____ COURSE/YEAR: _____
DATE ENROLLED: _____ CONTACT #: _____
STATUS (PLEASE PUT A CHECK): OLD NEW RETURNEE TRANSFEREE

(Please write all the information correctly and clearly.)

ELECTRONIC DATA PROCESSING (EDP) : _____
MR. SOCRATES C. MACALOLOT

NOTED BY:

APPROVED BY:

DEAN

APPROVED BY:

REGISTERED

**TALIBON POLYTECHNIC COLLEGE**

San Isidro, Talibon, Bohol

Contact # 09291600127

Email Address: talibonpolytechniccollege@talibon.com

ID Number: TPC-2018-01-0123

Name: Alfredo G. Esparcia, Jr. BA Political Science-1

Registrar's Copy**CERTIFICATE OF REGISTRATION**

1st Semester AY 2020-2021// 07/07/2020

Status: Regular Student

Subject Code	Descriptive Title	Unit	Time	Day	Room	Instructor	Charges	Amount
PSC 4	PHILIPPINE PUBLIC ADMINISTRATION	3	7:00-8:00	MONDAY - Face to Face / TUES & WED - Module/ Online	ROOM 5		Admission Fee Athletic Fee Computer Laboratory/Internet Fee Cultural Fee Development Fees Entrance/Enrolment Fee Guidance Fees Handbook Fee Laboratory Fee Library Fee Medical/Dental Fee Registration Fee School ID Fee Tuition Fees:	27 units X Php 175.00

TOTAL AMOUNT:Electronic Data Processing (EDP): SOCRATES MACALOLOT
IT Administrator

Approved by:

SHERYL E. CABASAAG
RegistrarNoted by: _____
Dean

DAILY TIME RECORD

Name _____

For the month of _____
Official hours for arrival _____
and departure _____

(Regular days) 8:00-12:00
(Saturdays) 1:00-5:00

Day	AM	PM	Undertime			
Day	Arrival	Departure	Arrival	Departure	Hours	Minutes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
TOTAL						

I CERTIFY on my honor that the above is true and correct report of the hours at work performed, record of which was made only at the time of arrival at and departure from office.

ACCOMPLISHMENT REPORT

Name _____

For the month of _____
Official hours for arrival _____
and departure _____

(Regular days) 8:00-12:00
(Saturdays) 1:00-5:00

Submitted by: _____

Verified as to the prescribed office hours

Approved by: _____ MARIA FE P. COMAHIG, PH.D.

MARIA FE P. COMAHIG, PH.D.

In Charge