



Republic of the Philippines

POLYTECHNIC UNIVERSITY OF THE PHILIPPINES

Office of the Vice President for Branches and Campuses

QUEZON CITY BRANCH

REQUEST FORM

Student Number: _____

Date of Filing: _____

Degree/Program: _____

_____	_____	_____
-------	-------	-------

Last Name

First Name

Middle Name

Email Address: _____

Mobile Number: _____

Purpose of Request: _____

Signature: _____

Order of Payment			
Nature of Collection	Quantity	Amount	Payment Details
			Assessed by: _____
			O.R. Number: _____
			Collecting Officer: _____
Total Amount			

Received by: _____	Date: _____	Prepared by: _____	Date: _____
Due Date: _____		Checked By: _____	Date: _____

Released Details			
ID Presented: _____		Date: _____	
Name: _____		Signature: _____	

Claim Stub		
_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>

Please claim your request for

Document/s Requested	Due Date/s
1. _____	
2. _____	
3. _____	

Requirements When Claiming Credentials:

1. _____ 2 pcs 2x2 colored with white background
2. _____ Documentary Stamp

Note:

1. Please follow-up on _____ to learn the status of your request/s. Please call the Admission Office at number **8-287-8204**.
2. Bring Identification Cards (ID) with pictures and signature.
3. **For the representative who will claim the certification please bring:**
 - Authorization Letter
 - ID of the student (with photocopy)
 - ID of the representative (with photocopy)
4. **For Lost Claim Stub, please submit:**
 - Duly Notarized Affidavit