



**ATENEO DE MANILA UNIVERSITY**  
**LOYOLA SCHOOLS**  
 Office of the Registrar

**APPLICATION FOR GRADUATING COLLEGE STUDENT'S CLEARANCE**

Date/time of printing **Feb 28, 2014 01:30 PM**

ID No. **101047**      Name of Student **CRUZ, RAYMOND JOSEPH NATHANIEL CASTAÑEDA**

Degree & Concentration **BS MIS**

Date of Graduation \_\_\_\_\_ Contact number \_\_\_\_\_

This form is for the student whose name appears above and is non-transferrable.

Any unauthorized photocopying of this form or misrepresentation of data shall be subject to disciplinary action and exclusion from the graduation list.

Offenses/violations/liabilities committed after submission of clearance form will also prevent graduation.

\_\_\_\_\_  
Signature of Student

**ENDORSEMENTS:** Secure signatures in any order and submit completed form to the Registrar's Office

1. Department Chair [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]	6. Residence halls [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]
2. Rizal Library [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]	7. Cashier [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]
3. Associate Dean for Student Affairs [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]	8. Central Accounting Office [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]
4. Director for Student Activities [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]	9. School Registrar Name in Print & Signature
5. Office of Guidance and Counseling [CLEARED; NO SIGNATURE/APPROVAL REQUIRED]	
	Date:

**REQUEST FOR OFFICIAL DOCUMENTS**

Date Requested: \_\_\_\_\_

Date Due: \_\_\_\_\_

ID No. **101047**

Name of Student **CRUZ, RAYMOND JOSEPH NATHANIEL CASTAÑEDA**

Degree & Concentration **BS MIS**

- ☐ Two (2) Paid Transcripts      ☐ For Evaluation  
☐ For Employment

**No. of copies/Amount**

<input type="checkbox"/> Additional Transcripts: <b>P180/copy</b>	_____	Fee/Amount Paid: _____
<input type="checkbox"/> For Evaluation	_____	O.R. No.: _____
<input type="checkbox"/> For Employment	_____	Cashier: _____
<input type="checkbox"/> Certificate of Graduation: <b>P85.00/copy</b>	_____	
<input type="checkbox"/> English Translation of Diploma: <b>P85.00/copy</b>	_____	
<input type="checkbox"/> Mailing Fee (local only) <b>P55.00 (DCB-LBC 105-078-002)</b>	_____	
Address <u>and</u> Contact No: _____		

Transcript Clerk: \_\_\_\_\_ **Total P** \_\_\_\_\_

**NOTES:**

- Two (2) copies of Transcripts of Records have been paid with tuition payment. Please indicate any request for additional copies of transcripts and/or certifications.
- Students who wish to have their documents sent to them via courier (local only) must pay P55.00. The mailing address and contact number must be indicated above.
- Representatives must present an AUTHORIZATION LETTER, I.D. cards (of owner & representative) to claim documents.
- Document/s not claimed after 90 DAYS from due date will be DESTROYED and payments made FORFEITED.
- Pay only at the CASHIER; Cashier office hours: Monday-Friday: 8AM-12NN; 1PM-4 PM, Saturday: 8AM-12NN

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