

OFFICE OF THE UNIVERSITY REGISTRAR
University of the Philippines Diliman
Quezon City
(TOR Trust Fund A Code No. 9774700)



CLAIM STUB NO.: _____

DUE DATE* _____

☐ **Module** ☐ **Freeform/Manual**

- [] 1st time
[] Updating
[] Recopy
[] Recopy w/o TRG
[] Re-encoding

Note: To be checked only by O.U.R. Staff

- ☐ To Apply University Clearance
☐ Currently Enrolled (need copy of F5/paid on CRS)

Note: Please **PRINT** your name and address. **Thank you.**

2 X 2
or
grad
picture

Required only for bar/board applicants

Encoder & Checker: _____

IMPORTANT: For 1st time, Newly Graduate or Updating Application for Transcript of Records & other Documents must be accompanied by a University Clearance

APPLICATION FOR:

No. of Copies _____ **Assessment/By:** _____

☐ **Transcript of Records (TOR)** _____

Certificates/Documents:

- ☐ Graduation (COG) _____
☐ Course Descriptions (CD) _____
☐ Eng. as a Medium of Instr. Cert. _____
☐ No Objection Letter _____
☐ English translation of Diploma
(Pls. attach photocopy of diploma) _____
☐ High School Card/F 137
(CAV) Certification, Authentication
& Verification (DFA for Red Ribbon) _____
☐ Certified True Copy: _____

☐ Mailing Fee: 2GO/DHL/RM _____

Official Envelope: **DATE** _____

[] Small **AMT PAID** _____

[] Medium **O.R. NO.** _____

[] Large _____

OTHERS: _____

TOTAL AMOUNT TO PAY

PURPOSE OF APPLICATION [Pls. check]:

- Employment [] Local [] Abroad [] Bar Exam
Scholarship [] Local [] Abroad [] PRC Licensure Exam:
Enrollment [] Local [] Abroad [] LAE School:
CAV/Red Ribbon/DFA [] Yes [] No [] MED School:
[] Transfer to other School
[] COPY FOR: _____ (To sign an Agreement Form)
[] Others _____

NAME OF STUDENT

(Please Print Legibly) _____

(Based on birth certificate; If married, encircle family name used during last enrollment in U.P.)

PERMANENT ADDRESS:

STUDENT NO.:

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

DATE OF BIRTH (Student): _____

PLACE OF BIRTH (Student): _____

PLEASE CHECK:

- ☐ To be picked up personally (**unclaimed TORs/COGs within 6 months are shredded**)
☐ To be mailed to the following address (es) _____
(If more than one, attach mailing list)
CONTACT NO. OF THE RECIPIENT: _____

COLLEGE(S)/UNIT(S) ATTENDED IN UP	DEGREE/MAJOR	INCLUSIVE DATE/S	DATE OF GRADUATION

VERY IMPORTANT: Please indicate name of last/previous school attended.

	NAME OF PREVIOUS SCHOOL	Inclusive Semester/	DATE OF GRADUATION
High Sch./Senior H.S.			
Undergraduate / Bachelor's			
Master's Program			
Ph.D. /Doctoral Program			
Cross-Enrolled/Exchange Stud.			

Signature of Student: _____ **Tel/Mobile No.:** _____ **EMAIL:** _____

If representative is filing the application for the student, please furnish the following information:

Name of Representative: _____ **Signature:** _____ **Tel/Mobile No.:** _____

Complete Address: _____ **EMAIL:** _____

NOTES: 1) After paying the application fee, submit your application and O.R. to the TS Counter. You will be issued a **CLAIM STUB** [together with the O.R.], to be presented in claiming your document/s.
2) In compliance with R.A. No. 10173 (DATA PRIVACY ACT OF 2012), representative must submit a signed authorization letter with original valid I.D. of both owner/student and representative upon claiming the requested documents.