

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

2 X 2
or
grad
picture

← **Required only for bar/board applicants**

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

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

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 _____

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) LAST FIRST MIDDLE MAIDEN

(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.