

**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 \_\_\_\_\_

**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.:**

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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.