



PAMANTASAN NG LUNGSOD NG MAYNILA
(University of the City of Manila)
Intramuros, Manila

Office of the University Registrar

Request Form

Applicant's Information	Request for:	No of Copies	Amount (For use of Accounting Office)
Student No. _____ Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last Name, First Name, M.I. </div> Maiden Name: _____ <small>(surname used upon entry at the University (for female students/graduates only))</small> Course: _____ College: _____ Entry Year from: _____ to: _____ Date of Graduation: _____	<input type="checkbox"/> 1. Diploma <input type="checkbox"/> 2. Transcript of Records <input type="checkbox"/> 3. Honorable Dismissal <small>(Attach Copy of Clearance)</small> <input type="checkbox"/> 4. English Translation of Diploma <input type="checkbox"/> 5. Certification of Grades <input type="checkbox"/> 6. Certification of Graduation <input type="checkbox"/> 7. Certification of Units Earned <input type="checkbox"/> 8. Certification of Enrollment <input type="checkbox"/> 9. Certification of Medium of Instruction <input type="checkbox"/> 10. Replacement of Registration Card/ID (with Affidavit of Loss) <input type="checkbox"/> 11. DFA/CHED Authentication of Student's Records <input type="checkbox"/> 12. Others: _____	 	
Purpose A. Transcript of Records (TOR) <input type="checkbox"/> 1. Evaluation <input type="checkbox"/> 2. Employment/Promotion <input type="checkbox"/> 3. For Further Studies (Specify the College/University) _____ B. Others: _____	 	 	
Contact: Permanent Address: _____	TOTAL		
Fax No: _____ Contact No: _____ Cell Phone No: _____ Email Address: (for notification purposes only) _____	Please fill-out after payment		
(for use of the Office of the Registrar) Name of Receiving Registrar's Staff: _____ Date Received: _____ Date Released: _____	Official Receipt Number: _____ Date of Payment: _____ Amount Paid: _____		
	Applicant's Signature: _____ Date Filed: _____		

Claim Stub

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Official Receipt Number: _____ Date of Payment: _____ Amount Paid: _____		
(for use only by the OUR staff)		
Name of Receiving Registrar's Staff: _____ Date Received: _____ Date Released: _____		
	TOTAL	

*Please see reminders at the back

Registrar's Staff Signature: _____