

ST. JOSEPH’S COLLEGE OF QUEZON CITY
RECORDS AND ADMISSIONS OFFICE
295 E. Rodriguez Sr. Blvd., Quezon City

NAME OF PUPIL/STUDENT : _____
ADDRESS : _____
DEPARTMENT : _____
_____ SPED _____ Kindergarten _____ Grade School _____ High School _____ College _____ Graduate School
COURSE / YEAR / GRADE: _____ TELEPHONE NO.: _____
LAST TERM ATTENDED: _____
SIGNATURE OF STUDENT OR REPRESENTATIVE: _____
DATE ACCOMPLISHED: _____ DATE SUBMITTED: _____ DATE DUE: _____

DOCUMENT/S NEEDED: (please check)
_____ Transcript of Records _____ Form 137 _____ Diploma _____ Transfer Credential
_____ Certification of : enrollment / grades / graduation / units earned / subjects passed
_____ Course description _____ Others, please specify _____

PLEASE CHECK **ONE (1) REASON ONLY** for acquiring the document/s:
_____ to enroll in another school _____ to transfer to another place/town/province
_____ to go abroad _____ health problems
_____ parents will be assigned to work elsewhere _____ to apply for a job
_____ to join brother/s & sister/s in another school _____ financial problem
_____ to rest from school _____ recommended for change of environment
_____ don’t seem to be interested in going to school
_____ not satisfied with the teaching in the school (please explain)

_____ not satisfied with the premises / environment in SJC (please explain)

_____ Others, (please specify) _____

A PRE-REQUISITE TO THE RELEASE OF THE RECORDS / DIPLOMA ARE SIGNATURES OF THE FOLLOWING:
(When fully accomplished, submit this FORM together with your I.D. at the Records and Admissions Office.)

1) _____ ACCOUNTING / CASHIER	2) _____ REGISTRAR
Diploma P _____ Certification _____ TOR / F 137 _____ Postage _____ Doc. Stamp _____ Transfer Cred. _____	3) _____ LIBRARIAN
O.R. No. _____ Date _____	4) _____ GUIDANCE COUNSELOR
AMOUNT PAID _____ Cleared _____	5) _____ / _____ CFP COORDINATOR / SPED COORDINATOR
With Balance: _____ Amount _____	6) _____ / _____ OFFICER OF STUDENT AFFAIRS / STUDENT DISCIPLINE
OTHERS _____	7) _____ DEPT. CHAIR / TEACHER-IN-CHARGE
	8) _____ DEAN / PRINCIPAL

-----CUT HERE-----

SJC-RAO
Tel# 721-50-45
CLAIM STUB
DATE DUE _____

NOTE:
Representative must submit a LETTER OF AUTHORIZATION from the student. (for High School, College, and Graduate School)

NAME OF THE PUPIL / STUDENT _____ O.R. NO. _____ DATE _____
RECEIVED BY: _____ DATE _____