Address

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

Intramuros, Manila

REQUEST FOR TRANSFER CERTIFICATE

		ly for the issuance of day of	College
	20	uay or 	College
I am go	oing to enroll in _	located at	Credentials Submitted
			First Enrollment in College
		Signature	Last Enrollment in College
Surname	First Name	Maternal Surname	No. of Semester/Summers Attended
	Receiving Clerk		Date Obtained
		(COPY FOR THE U	NIVERSITY REGISTRAR)
		(University o Intrar	LUNGSOD NG MAYNILA f the City of Manila) muros, Manila TE OF TRANSFER
			, 20
TO WHOM IT	MAY CONCER	N:	
This is to certify that, Mr./Ms is her			(Student No) of the College used this Certificate of Transfer from this University effective today. receipt of the REQUEST SLIP below.
His/Her officia	al transcript of re	cords shall be forwarded upon	receipt of the REQUEST SLIP below.
NOT valid without SEAL.			 University Registrar
			UEST SLIP
The University Pamantasan r ntramuros, M	ng Lungsod ng N	⁄laynila	,20
			of the college of has applied for enrollment ceipt of his/her transcript of records from your school.
Sc	chool	_	
			University Registrar