REVISION NO.: REVISION DATE:

03

March 10, 2017

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**GUIDELINES**

# APPLICATION FOR VARIOUS DOCUMENTS

**GUIDELINES**

# APPLICATION FOR VARIOUS DOCUMENTS

1. THIS FORM IS USED TO REQUESTFOR DIFFERENT OFFICIAL DOCUMENTS FROM THE OFFICE OF THE COLLEGE REGISTRAR.
2. STUDENT FILLS UP THE FORM. STUDENT SUBMITS THE FORM TO THE OFFICE OF THE COLLEGE REGISTRAR FOR VERIFICATION. STUDENT FORWARDS THE FORM TO THE OFFICE OF THE TREASURER FOR CLEARANCE AND PAYMENT OF CORRESPONDING FEE. STUDENT SHOWS THE OFFICIAL RECEIPT AND RETURNS THE FORM TO THE OFFICE OF THE COLLEGE REGISTRAR FOR PROCESSING. STUDENT WILL BE INFORMED WHEN TO CLAIM THE DOCUMENTREQUESTED.
3. DOCUMENTS UNDER (B) SHALL BE REQUIRING CLEARANCE FROM THE OFFICE OF THE TREASURER PRIOR TO PAYMENT OF THE REQUEST.

## CONDITIONS

1. ONLY THE OWNER OF THE RECORD IS ALLOWED TO REQUEST FOR DOCUMENTS AS REGARDS HIS/HER ACADEMIC RECORDS AND CLAIM THE REQUESTED DOCUMENTS.
2. AN AUTHORIZATION LETTER IS REQUIRED IF THE OWNER CANNOT DO THE APPLICATION AND CLAIMING OF THE REQUESTED DOCUMENT PERSONALLY. THE REPRESENTATIVE MUST PRESENT ONE VALID ID AND ONE OF THE OWNER. IT IS UNDERSTOOD THAT WHEN THE TRANSFER CREDENTIALS HAS BEEN ISSUED BY THE OCR, STUDENT CANNOT CONTINUE HIS STUDY IN MCL.
3. PLEASE RETURN THIS FORM TO THE OFFICE OF THE COLLEGE REGISTRAR AFTER PAYMENT AT THE OFFICE OF THE TREASURER. THIS REQUEST CAN NOT BE PROCESSED WITHOUTTHIS FORM.
4. MCL RESERVES THE RIGHT TO DENY, WITHHOLD, OR CANCEL ANY REQUEST FOR DOCUMENT DUE TO PENDINGACCOUNTABILITIES.
5. DOCUMENTS NOT CLAIMED AFTER SIXTY (60) DAYS WILL BE DESTROYED.

## CONFORME

I HAVE READ AND UNDERSTOOD ALL THE CONDITIONS WITH REGARD TO THIS REQUEST AND AGREE TO COMPLY WITH THEM.

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## GENERAL INFORMATION

### STUDENT NAME PLEÑOS CATHERINE KATE STELLA

SURNAME GIVEN NAME MIDDLE INITIAL

### STUDENT NUMBER 2024270051 PROGRAM / YEAR 2024-2025

**ADDRESS Phase 2 New Matina, Davao City, Davao Del Sur**

SIGNATURE OVER PRINTED NAME / DATE

### BIRTHDATE 10-13-2004 GENDER FEMALE

**E-MAIL ADDRESS** [**icemannosleep@gmail.com**](mailto:icemannosleep@gmail.com)

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SIGNATURE OVER PRINTED NAME / DATE

### BIRTHDATE 2024270051

**GENDER FEMALE E-MAIL ADDRESS**

GRADUATE 2024-2025

MONTH / YEARGRADUATION

[DOCUMENTS REQUESTED](#_TOC_250001)

[STUDENT 2024-2025 TEL. / CELL NO. +639524866225](#_TOC_250000)

SY / TERM LAST ENROLLED

GRADUATE 2~~024-2025~~

MONTH / YEARGRADUATION

## DOCUMENTS REQUESTED

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SY / TERM LAST ENROLLED

1. **CERTIFICATIONS QUANTITY** ENROLLMENT SY 2024-2025 TERM 3 ATTENDANCE

MEDIUM OF INSTRUCTION

OTHERS

### CERTIFIED TRUE COPY QUANTITY

FGR SY TERM CM SY TERM HIGHSCHOOL FORM 137-A HIGH SCHOOL FORM 138

OTHERS

### TRANSCRIPT OF RECORDS QUANTITY

FOR EMPLOYMENT

FOR BOARD EXAM / PRC

FOR EVALUATION PURPOSES FOR FURTHER STUDIES

FOR GRADUATING / TRANSFERRING OUT PROCESSED BY OITS:

### GRADE CERTIFICATION

**GOVERNMENT CAV ISSUANCE OF DIPLOMA**

CHED S.O. NO. / DATED

### OTHERS

* 1. **CERTIFICATIONS QUANTITY** ENROLLMENT SY2024-205 TERM 3 ATTENDANCE

MEDIUM OF INSTRUCTION

OTHERS

### CERTIFIED TRUE COPY QUANTITY

FGR SY TERM CM SY\_ TERM HIGHSCHOOL FORM 137-A HIGH SCHOOL FORM 138

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|  |  |  |
| --- | --- | --- |
| **CLEARANCE**  ~~OFFICE OF THE TREASURER / DATE~~ | **PROCESSED**  ~~OFFICE OF THE COLLEGE REGISTRAR / DATE~~ | **ISSUANCE**  Date Requested: 0 5 / 2 5 / 2 0 2 5 Due date: 06/10/2025 ***Catherine Kate S. Pleños***  Received by: Catherine Kate S. Pleños-05/25/2025  SIGNATURE OVER PRINTED NAME / DATE |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OFFICE OF THE TREASURER / DATE |  | **PROCESSED**  OFFICE OF THE COLLEGE REGISTRAR / DATE |  | **ISSUANCE**  Date Requested: 05/25/2025 Due date: 06/10/2025 ***Catherine Kate S. Pleños***  Received by: Catherine Kate S. Pleños05/25/2025  SIGNATURE OVER PRINTED NAME / DATE |

#### FORM OCR – 013A



*THIS FORM IS AVAILABLE AT THE OFFICE OF THE COLLEGE REGISTRAR*

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