



OFFICE OF THE REGISTRAR

☐Quezon City    ☒Manila

TIP-REG-01  
Revision Status / Date: 4/2017 April 20

RECOGNITION / GRADUATION RITES CLEARANCE  
AND REQUEST FOR DOCUMENTS

DEADLINE OF  
SUBMISSION

INSTRUCTIONS:  1. Fill out the form properly and print clearly all information requested. 2. Route the form to the different offices indicated. 3. Always present your T.I.P. student I.D. before making any transaction. 4. Submit the accomplished form to the Registrar's Office. 4.1. Two (2) 2 x 2 colored picture in marine uniform and in white background (for <b>MARINE</b> students only) 4.1. Two (2) 2 x 2 colored picture in toga attire without cap and in white background (for <b>ALL OTHER</b> students)	REMINDERS:  1. An authorization letter together with valid ID cards of both the requesting student and authorized representative must be presented, if the claimant is not the person concerned.  2. Transcript of Record/ Diploma/ Certification not claimed within six (6) months from the date of application shall be discarded or cancelled.	OFFICE OF THE REGISTRAR  Date of Graduation Ceremony  <b>Jan. 01, 1970</b>
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REQUEST FOR DOCUMENT		
SURNAME: <b>DEPAGON</b>	FIRST NAME: <b>REYNALDO</b>	MIDDLE NAME: <b>CUETO</b>
STUDENT NO.: <b>1210138</b>	PROGRAM: <b>INFORMATION TECHNOLOGY (2012)</b>	EMAIL ADDRESS: <b>mrdepagon@tip.edu.ph / cueto800@gmail.com</b>
PERMANENT ADDRESS: <b>5677A VAN BURREN STREET, PIO D</b>		CONTACT NO.: <b>09338173891</b>
REQUEST: <i>(Please check)</i>  <input checked="" type="checkbox"/> Diploma / Certificate <input checked="" type="checkbox"/> Transcript of Records <input checked="" type="checkbox"/> Certification of Graduation <input type="checkbox"/> Others _____		PURPOSE: <i>(Please check)</i>  <input type="checkbox"/> Licensure Exam for _____ <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Others _____

*The **TECHNOLOGICAL INSTITUTE OF THE PHILIPPINES**, acting upon my application for recognition/graduation with the title/degree in **BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY** this academic year **2021 - 2022** has considered favorably offering me to complete/graduate, subject, however, to the School policies on completion/graduation*

*WHEREFORE, premises considered, the School reserves the right to cancel or revoke my recognition/graduation should my records submitted as requirements for recognition/graduation were later found to be fraudulent.*

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

STUDENT CLEARANCE			
1	OFFICE OF THE REGISTRAR	7	STUDENT ACCOUNTING OFFICE
REMARKS:		<div>Old Account: For SAO Review</div> <div>Alumni Fee 300.00</div> <div>Graduation Fee 2,000.00</div> <div>Diploma 835.00</div> <div>Transcript of Records 885.00</div> <div>Certification 150.00</div> <div><b>TOTAL</b> <div>Php 4,170.00</div></div>	
SIGNATURE: _____ DATE: _____			
2 PROGRAM CHAIR			
REMARKS:			
SIGNATURE: _____ DATE: _____			
3 OFFICE OF STUDENT AFFAIRS			
REMARKS: <b>CLEARED</b>			
SIGNATURE: _____ DATE: _____			
4 LIBRARY DEPARTMENT			
REMARKS: <b>CLEARED</b>		VERIFIED BY: _____ DATE: _____	
SIGNATURE: _____ DATE: _____		AUDITED BY: _____ DATE: _____	
5 LABORATORIES AND SHOPS DEPARTMENT		8 TELLERING SECTION	
REMARKS: <b>CLEARED</b>		AMOUNT PAID: _____ O.R. NUMBER: _____	
SIGNATURE: _____ DATE: _____		RECEIVED BY: _____ DATE: _____	
6 ALUMNI AND PLACEMENT OFFICE		9 OFFICE OF THE REGISTRAR	
REMARKS:		DATE RECEIVED: _____ DATE OF DOCUMENT(S) RELEASE: _____	
SIGNATURE: _____ DATE: _____		SIGNATURE: _____ DATE: _____	

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TECHNOLOGICAL INSTITUTE OF THE PHILIPPINES

Office of the Registrar    ☐ QC (Telefax: +632-9121539)    ☒ Manila (Telefax: +632-7364208)

CLAIM SLIP

NAME: <b>DEPAGON, REYNALDO CUETO</b>		REQUESTED DOCUMENT(S):  <input checked="" type="checkbox"/> Diploma / Certificate <input checked="" type="checkbox"/> Certification of Graduation <input checked="" type="checkbox"/> Transcript of Records <input type="checkbox"/> Others _____
PROGRAM: <b>INFORMATION TECHNOLOGY</b>		
DATE REQUESTED: <b>Apr. 25, 2023</b>	DATE OF DOCUMENT(S) RELEASE:	

IMPORTANT: 1. An authorization letter together with valid ID cards of both the requesting student nad authorized representative must be presented if the claimant is not the person concerned.  
2. Transcript of Record/ Diploma/ Certification not claimed within six (6) months from the date of application shall be discarded or cancelled.