

**OFFICE OF THE UNIVERSITY REGISTRAR**  
 University of the Philippines Diliman  
 Quezon City  
**(TOR Trust Fund A Code No. 9774700)**



Note: Please **PRINT** your name and address. **Thank you.**

2 X 2  
or  
grad  
picture

← **Required only for bar/board applicants**

- Module**       **Manual**
- 1st time
  - Updating
  - Recopy
  - Re-encoding

**CLAIM STUB NO.:** \_\_\_\_\_

**DUE DATE:** \_\_\_\_\_

**Note:** To be checked only by O.U.R. Staff

- To Apply University Clearance  
 Currently Enrolled (need copy of F5/paid on CRS)

Encoder & Checker: \_\_\_\_\_

**FOR MAILING:** \_\_\_\_\_

**IMPORTANT:** For 1st time, Newly Graduate or Updating Application for Transcript of Records & other Documents must be accompanied by a University Clearance

**APPLICATION FOR:**

No. of Copies	Assessment/By:	
<input type="checkbox"/>	<b>Transcript of Records (TOR)</b>	_____
<b>Certificates/Documents:</b>		
<input type="checkbox"/>	Graduation (COG)	_____
<input type="checkbox"/>	Course Descriptions (CD)	_____
<input type="checkbox"/>	P.E. Cert./Special Cert	_____
<input type="checkbox"/>	No Objection Letter	_____
<input type="checkbox"/>	English translation of Diploma (Pls. attach photocopy of diploma)	_____
<input type="checkbox"/>	High School Card/F 137 (CAV) Certification, Authentication & Verification (DFA for Red Ribbon)	_____
<input type="checkbox"/>	Certified True Copy:	_____
<input type="checkbox"/>	Mailing Fee: 2GO/DHL/RM	_____

<b>RATES:</b>	
Transcript of Records (with Additional mandatory two (2) pages for Transcript Guide) Pp50.00/page	
Application from abroad	US\$30.00 (inclusive of mailing/Registered Mail only)
COG/NOL/PE Cert/CAV	Php30.00/copy
Course Description	Php30.00/page
English Translation of Diploma & HSC/F-137	Php50.00/copy
Certified True Copy Of OTR	Php100.00/set
Certified True Copy of COG & PE Cert	Php15.00/copy
Certified True Copy of Course Description	Php15.00/page
Certified True Copy of Diploma Translation	Php25.00/copy
Official Env -small	Php10.00
-medium	Php15.00
-large	Php20.00
<b>Mailing Fees:</b>	
Metro Manila	Php150.00 (Max of 1kg)
Luzon	Php165.00/Visayas/Mindanao-175.00 (Max of 1kg & may vary on location)
Abroad (US & Canada)	(Courier) Php1,500.00

**OTHERS:** \_\_\_\_\_

**TOTAL AMOUNT TO PAY**

**PURPOSE OF APPLICATION [Pls. check]:**

- |   |                                 |  |
|---|---------------------------------|--|
| Employment <input type="checkbox"/> Local         | <input type="checkbox"/> Abroad | <input type="checkbox"/> Bar Exam            |
| Scholarship <input type="checkbox"/> Local        | <input type="checkbox"/> Abroad | <input type="checkbox"/> PRC Licensure Exam: |
| Enrollment <input type="checkbox"/> Local         | <input type="checkbox"/> Abroad | <input type="checkbox"/> LAE School:         |
| <input type="checkbox"/> Transfer to other School |                                 | <input type="checkbox"/> PRE-MED School:     |
| <input type="checkbox"/> COPY FOR: _____          |                                 |  |
| <input type="checkbox"/> Others _____             |                                 |  |

**NAME OF STUDENT** \_\_\_\_\_  
 (Please Print Legibly)      LAST      FIRST      MIDDLE      MAIDEN  
 (Based on birth certificate; If married, encircle family name used during last enrolment in U.P.)

**PERMANENT ADDRESS:** \_\_\_\_\_

**STUDENT NO.:**

**FATHER'S NAME:** \_\_\_\_\_  
**MOTHER'S MAIDEN NAME:** \_\_\_\_\_  
**DATE OF BIRTH (Student):** \_\_\_\_\_  
**PLACE OF BIRTH (Student):** \_\_\_\_\_

**PLEASE CHECK:**  
 To be picked up personally (**unclaimed TORs/COGs within 6 months are shredded**)  
 To be mailed to the following address (es) \_\_\_\_\_  
 (If more than one, attach mailing list)  
**CONTACT NO. OF THE RECIPIENT:** \_\_\_\_\_

COLLEGE(S)/UNIT(S)* ATTENDED IN U.P.	DEGREE/MAJOR	INCLUSIVE DATES	DATE OF GRADUATION

U.P. CAMPUS(ES) WHERE YOU CROSS REGISTERED (If any)	INCLUSIVE DATES

For students who transferred or obtained their first degree from another school, please indicate all schools attended

Name & Location of Previous School	Inclusive Dates	Degree/Title Obtained

**Signature of Student:** \_\_\_\_\_ **Tel/Mobile No.:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

If representative is filing the application for the student, please furnish the following information:  
**Name of Representative:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Tel/Mobile No.:** \_\_\_\_\_  
**Complete Address:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NOTES:** 1) After paying the application fee, submit your application and O.R. to the TOR Counter. You will be issued a **CLAIM STUB** [together with the O.R.], to be presented in claiming your transcript.  
 2) In compliance with R.A. No. 10173 (DATA PRIVACY ACT OF 2012), representative must submit a signed authorization letter with photocopy of valid I.D. of the student, presentation of valid I.D. of the representative and claim stub upon claiming the requested documents.