

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



☐ Module ☐ Manual
[] 1st time
[] Updating
[] Recopy
[] Re-encoding

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

2 X 2
or
grad
picture

← Required only for bar/board applicants

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:

☐ **Transcript of Records (TOR)**

Certificates/Documents:

☐ Graduation (COG) _____
☐ Course Descriptions (CD) _____
☐ English translation of Diploma _____
(Pls. attach photocopy of diploma)

☐ _____
☐ _____
☐ (CAV) Certification, Authentication & Verification (DFA for Red Ribbon)
☐ Certified True Copy: _____

☐ Mailing Fee: 2GO/DHL/RM _____

OTHERS: _____

TOTAL AMOUNT TO PAY

PURPOSE OF APPLICATION [Pls. check]:

Employment [] Local [] Abroad [] Bar Exam
Scholarship [] Local [] Abroad [] PRC Licensure Exam: _____
Enrollment [] Local [] Abroad [] LAE School: _____
[] Transfer to other School [] PRE-MED School: _____
[] COPY FOR: _____
[] CONVERSION OF DEGREE FROM BACHELOR OF LAWS (LLB) TO JURIS DOCTOR (JD)

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.:

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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:

In compliance with R.A. No. 10173 (DATA PRIVACY ACT OF 2012), representative must submit a signed authorization letter and photocopy of valid I.D. of the student, presentation of valid I.D. of the representative.

TICKET NUMBER: _____

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:** _____

RATES:

Transcript of Records (with Additional mandatory two (2) pages for Transcript Guide) Php50.00/page)
COG/NOL/PE Cert/CAV
Php50.00/copy
Course Descriptions
Php 50.00/page
English Translation of Diploma
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
Certification, Authentication & Verification
Php100.00/copy
Official Env -small Php10.00
-medium Php15.00
-large Php20.00
Mailing (may vary on location)

DATE _____

AMT PAID _____

O.R. NO. _____

Official Envelope:

[] Small

[] Medium

[] Large