

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



VERY IMPORTANT: If you already have an ongoing application, Kindly write the TICKET NO.: _____

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

2 X 2
or
grad
picture

Note: To be checked only by O.U.R. Staff
 Freeform/Manual Module
 1st time To Apply University Clearance
 Updating Currently Enrolled (need copy of FS/paid on CRS)
 Recopy

Claim Stub No.: _____
DUE DATE*: _____

***NOTE: Additional (3) working days, if with document/s requested from other OUR-Sections**

Encoder & Checker: _____

← **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) _____

Eng. as a Medium of Instr. Cert. (EMI) _____

EMI Purpose: _____

EMI Country: _____

English translation of Diploma (clarify no. of copy each degree)
(Pls. attach photocopy of diploma/s) _____

(CAV) Certification, Authentication & Verification (Pls. see instructions) _____

Certified True Copy : _____

Mailing Fee: (__Local __Abroad) _____

OTHERS: _____

TOTAL AMOUNT TO PAY

TOR PURPOSE OF APPLICATION [Pls. check]:

- Employment Local Abroad Bar Exam
 Scholarship Local Abroad PRC Licensure Exam: _____
 Enrollment Local Abroad LAE School: _____
 CAV/Red Ribbon/DFA Yes No MED School: _____
 Conversion of degree from Bachelor of Laws (LLB) to Juris Doctor (JD)
 Transfer to other School: For Evaluation only Admitted
 COPY FOR: _____ (To sign an Agreement Form)
 Others: _____

NAME OF STUDENT

(Please Print Legibly) LAST FIRST MIDDLE MAIDEN

 (Based on birth certificate; if married, encircle family name used during last enrollment 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 UP	DEGREE/MAJOR	INCLUSIVE DATE/S	DATE OF GRADUATION

VERY IMPORTANT: Please indicate name of last/previous school attended.

	NAME OF PREVIOUS SCHOOL	Inclusive Semester/	DATE OF GRADUATION
High Sch./Senior H.S.			
Undergraduate / Bachelor's			
Master's Program			
Ph.D. /Doctoral Program			
Cross-Enrolled/Exchange Stud.			

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:** _____

NOTE: In compliance with R.A. No. 10173 (DATA PRIVACY ACT OF 2012), representative must submit a signed authorization letter with original valid I.D. of both owner/student and representative upon application of the requested documents.