

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

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



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

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

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

- Module       Manual
- 1st time
  - Updating
  - Recopy
  - Recopy w/o TRG
  - Re-encoding

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

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

2 X 2  
or  
grad  
picture

← Required only for bar/board applicants

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

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

**RATES:**

Transcript of Records (with Additional mandatory two (2) pages for Transcript Guide) Pph50.00/page  
 Application from abroad US\$30.00 (inclusive of mailing/Registered Mail only)  
 COG/NCL/PE Cert/CAV Pph30.00/copy  
 Course Description Pph30.00/page  
 English Translation of Diploma & HSC/F-137 Pph50.00/copy  
 Certified True Copy of OTR Pph100.00/set  
 Certified True Copy of COG & PE Cert Pph15.00/copy  
 Certified True Copy of Course Description Pph15.00/page  
 Certified True Copy of Diploma Translation Pph25.00/copy  
 Official Env -small Pph10.00  
                           -medium Pph15.00  
                           -large Pph20.00  
 Mailing Fees:  
     Metro Manila Pph160.00 (Max of 1kg)  
     Luzon Pph175.00/Visayas/Mindanao-185.00 (Max of 1kg & may vary on location)  
     Abroad (US & Canada)  
     (Courier) Pph1,500.00

**APPLICATION FOR:**

No. of Copies      Assessment/By: \_\_\_\_\_

Transcript of Records (TOR) \_\_\_\_\_

**Certificates/Documents:**

Graduation (COG) \_\_\_\_\_

Course Descriptions (CD) \_\_\_\_\_

P.E Cert./Special Cert \_\_\_\_\_

No Objection Letter \_\_\_\_\_

English translation of Diploma (Pls. attach photocopy of diploma) \_\_\_\_\_

High School Card/F 137 (CAV) Certification, Authentication & Verification (DFA for Red Ribbon) \_\_\_\_\_

Certified True Copy: \_\_\_\_\_

Mailing Fee: 2GO/DHL/RM \_\_\_\_\_

Official Envelope:      DATE \_\_\_\_\_

Small      AMT PAID \_\_\_\_\_

Medium      O.R. NO. \_\_\_\_\_

Large

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: \_\_\_\_\_

CAV/Red Ribbon/DFA  Yes       No       MED School: \_\_\_\_\_

Transfer to other School

COPY FOR: \_\_\_\_\_

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 TS Counter. You will be issued a **CLAIM STUB** [together with the O.R.], to be presented in claiming your document/s.  
 2) 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 claiming the requested documents.