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

CLAIM STUB NO.: _____

DUE DATE* _____

☐ **Module** ☐ **Freeform/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)

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

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) Php50.00/page
Application from abroad
US$30.00 (inclusive of mailing/Registered Mail only)
COG/NOL/CAV/EMI
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
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
Mailing Fees:
Metro Manila Php150.00 (Max of 500g)
Luzon Php170.00/Visayas/Mindanao-180.00
(Max of 500g & may vary on location)
Abroad (US & Canada)
(Courier) Php1,800.00

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.	
	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	

OTHERS: _____

TOTAL AMOUNT TO PAY [ ]

Official Envelope:
[ ] Small
[ ] Medium
[ ] Large

DATE _____
AMT PAID _____
O.R. NO. _____

PURPOSE OF APPLICATION [Pls. check):
Employment [ ] Local [ ] Abroad
Scholarship [ ] Local [ ] Abroad
Enrollment [ ] Local [ ] Abroad
CAV/Red Ribbon/DFA [ ] Yes [ ] No
☐ Transfer to other School
☐ COPY FOR: _____ (To sign an Agreement Form)
☐ Others _____

[ ] Bar Exam
[ ] PRC Licensure Exam: _____
[ ] LAE School: _____
[ ] MED School: _____

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:** _____

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.

REV. jmbua *02.20.2020*