



Document Officer's Signature _____

REQUEST FORM FOR TRANSCRIPT OF RECORDS, DIPLOMA AND CERTIFICATIONS

Student ID No. _____

Date Requested: _____

Date Due: _____

Married Name (if applicable) **Name in Birth Certificate** (Last) (First) (Middle Name) (Landline/Mobile No.)

REQUESTED BY: _____ Degree and Concentration _____
 Printed Name & Signature _____ Year Level/Year Graduated _____
 Last School Year Attended _____
 Undergraduate/College () Graduate School/Masters/PhD ()

GRANTED TRANSFER CREDENTIALS: () Yes () No

After Ateneo, have you ever enrolled in any other School/Graduate School? () YES () NO
 If yes, please indicate name of school _____

***If a representative is accomplishing this request form, please fill-out the following section:**
 Name/Signature of Representative _____ Mobile No: _____

Requested Documents (Pls. Check box)	Amount	No. of	
Purpose of Request _____	Fees/Charges	Copies	TOTAL
<input type="checkbox"/> Diploma			
<input type="checkbox"/> CHED Authentication/CAV (Budget No. 100-254-000)	150.00		P _____
<input type="checkbox"/> Transcript of records (per set)	165.00		_____
<input type="checkbox"/> Transfer Credentials	85.00		_____
<input type="checkbox"/> Certification.....	85.00		_____
<input type="checkbox"/> Enrollment / Attendance			_____
<input type="checkbox"/> Units Earned/Grades			_____
<input type="checkbox"/> Completion of all Academic Requirements (Grad School)			_____
<input type="checkbox"/> Graduation and Special Order Number			_____
<input type="checkbox"/> English as a medium of instruction			_____
<input type="checkbox"/> Course description (P85.00/page)			_____
<input type="checkbox"/> Others (please specify _____)			_____
<input type="checkbox"/> Certification of Photocopied Credential	85.00		_____
<input type="checkbox"/> Diploma			_____
<input type="checkbox"/> S.O. Number			_____
<input type="checkbox"/> Grade Report	85.00		_____
<input type="checkbox"/> English Translation of diploma	85.00		_____
<input type="checkbox"/> Documentary Stamps for Diploma/Transcript..	15.00		_____
<input type="checkbox"/> Mailing Fee (DCB-LBC 105-078-002)			_____
<input type="checkbox"/> Canister	35.00		_____
TOTAL			P _____

RECEIVED BY: _____ Date: _____

Name in Print & Signature

This form must be returned to the Registrar's Office, Ground Floor, Social Sciences Bldg.



ATENEO DE MANILA UNIVERSITY
Loyola Schools
OFFICE OF THE REGISTRAR
Tel. No. (632) 426-6001 loc. 5131/5132

Student's Copy

Date Requested : _____

Student Name : _____

Last School Year Attended: _____

Certified Correct:

- Transcript: _____
- Diploma: _____
- Certification: _____
- Doc. Stamp: _____
- CAV _____
- Mailing Fee _____
- Canister _____

TOTAL P _____

Date Due : _____

Degree & Concentration _____

Year Level/Year Graduated: _____

Accounting (Faber Hall/W5): _____

Fee/Amount Paid: _____

O.R. No.: _____

Cashier (Xavier Hall/W8): _____

(Budget No. 100-254-000)
(DCB-LBC 105-078-002)

Transcript Clerk

NOTE:

- Present this stub together with the Official Receipt when claiming the requested document/s.
- Representatives must present an AUTHORIZATION LETTER, I.D. cards (of owner & rep.) in addition to the above requirements.
- Document/s not claimed after **90 DAYS** from due date will be DESTROYED and payments made FORFEITED.
- Pay only at the CASHIER; Cashier office hours: Monday-Friday: 8AM-12NN; 1PM-4PM, Saturday: 8AM-12NN