PLM Form 1 (SY 2009)



#### PAMANTASAN NG LUNGSOD NG MAYNILA

(University of the City of Manila) Intramuros, Manila

# Office of the University Registrar Request Form

Applicant's Information	Request for:	No. of Copies	Amount (For use of Accounting Office)
Last Name First Name M.I.  Maiden Name:  (Surname used upon entry at the University [for female students/graduates only])  Course:  Entry Year: From:  Date of Graduation:  (If applicable)  Purpose  A. Transcript of Records (TOR)  [ ] 1. Evaluation  [ ] 2. Employment/Promotion  [ ] 3. For further studies (Specify the college/university)  B. Others:  Contact Details	<ul> <li>[ ] 1. Diploma</li> <li>[ ] 2. Transcript of Records</li> <li>[ ] 3. Honorable Dismissal (Attach Copy of Clearance)</li> <li>[ ] 4. English Translation of Diploma</li> <li>[ ] 5. Certification of Grades</li> <li>[ ] 6. Certification of Graduation</li> <li>[ ] 7. Certification of Units Earned</li> <li>[ ] 8. Certification of Enrollment</li> <li>[ ] 9. Certification on Medium of Instruction</li> <li>[ ] 10. Replacement of Registration Card/ID (with Affidavit of Loss)</li> <li>[ ] 11. DFA/CHED Authentication of Student's Records</li> <li>[ ] 12. Others:</li> </ul>		
Permanent Address:	TOTAL		
	Please fill-out after payment		
Fax No: Direct Line: Cell Phone No: Email Address (for notification purposes only):	Official Receipt No.: Amount Paid:		
(For use of the Office of the Registrar)			
Name of Receiving Registrar's Staff: Date Received: Date of Release:	Applicant's Signature: Date Filed:		

## Claim Stub

Applicant's Information	Request for:	No. of Copies
Student No.:	[ ] 1. Diploma	
Name:	[ ] 2. Transcript of Records	
Maiden Name:	[ ] 3. Honorable Dismissal	
Course: College:	(Attach Copy of Clearance)	
Entry Year: From: To:	[ ] 4. English Translation of Diploma	
Date of Graduation:	[ ] 5. Certification of Grades	
Please fill-out after payment	[ ] 6. Certification of Graduation	
	[ ] 7. Certification of Units Earned	
Official Receipt No.:	[ ] 8. Certification of Enrollment	
Date: Amount Paid:	[ ] 9. Certification of Medium of Instruction	
	[ ] 10. Replacement of Registration Card/ID	
(For use only by the OUR staff)	(Present Affidavit of Loss)	
Name of Receiving	[ ] 11. DFA/CHED Authentication of	
Registrar's Staff:	Student's Records	
	[ ] 12. Others:	
Date Received:		
Date Released:	TOTAL	

\*Please see reminders at the back and refer to the OUR Checklist of Requirements

Registrar's Staff Signature:

## **Important Reminders:**

- 1. Transact only with the duly authorized personnel at the Office of the University Registrar (OUR). *All payments should only be made at the Cashier's Office*.
- 2. Present "authorization letter" for representative claiming requested documents.
- 3. Present claim stub when claiming for requested documents.
- 4. Follow-up/queries should be made three (3) working days after the request was made.
- 5. "Affidavit of Loss" should be presented/submitted to the OUR whenever required.

### OFFICE OF THE UNIVERSITY REGISTRAR (OUR)

Trunk Line: +63 2 527-7941 up to 48, local 48

Direct Line: +63 2 527-9070