OFFICE OF THE UNIVERSITY REGISTRAR
University of the Philippines Diliman
Quezon City

CLAIM STUB NO.: _____
DUE DATE: _____

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

1 X 1 or 2 X 2 picture

Required only for bar/board applicants

TO: CASHIER

		Total		
Graduation fee	P	300.00	⇒	**(0509.10.003.1460.60-515-615)**
Clearance fee	P	30.00	⇒	**TOR Trust Fund B (9774711)**
One set OTR *	P	100.00	⇒	**TOR Trust Fund A (9774700)**
A copy of COG	P	30.00	⇒	
	P	**460.00**		

Additonal:

OTR _____ copies x 100 _____
COG _____ copies x 30 _____
_____
TOTAL _____

Optional:

_____ Mailing fee (2GO) — **P** 100 - w/in Metro Mla; **P** 130 - outside Metro Mla
_____ Official envelope — **P** 10

* OTR consists of ***2 pages*** only, except for transferee, master's/Ph.D. graduates may consists of ***4-6 pages.***

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

Optional:

PURPOSE OF APPLICATION (Pls. check):

Employment ☐ Local ☐ Abroad
Scholarship ☐ Local ☐ Abroad
Enrollment ☐ Local ☐ Abroad
Migration ☐ Records Purposes

☐ PRC Licensure Exam ☐ P-MED
☐ BAR Exam ☐ LAE
☐ Transfer to other School
☐ COPY FOR (Notation) _____
☐ UPDilman / UP System ☐ 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 & PLACE OF BIRTH _____
OF 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: _____

To be placed in **official envelop** ☐ **Yes** ☐ **No**

COLLEGE(S)/UNIT(S)* ATTENDED IN U.P.	DEGREE/MAJOR	INCLUSIVE DATES	DATE OF GRADUATION

NOTE: NON-DISCLOSURE of complete enrollment in UP will cause delay in processing your TOR since an **UPDATED CLEARANCE IS NEEDED.**

***If shiftee, please indicate college last attended.**

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 in chronological order:

Name & Location of Institution	Inclusive Dates	Degree/Title Obtained

Signature of Student: _____ **Tel./Mobile No:** _____ **E-mail add:** _____
If representative is filing the application for the student, please furnish the following information:
Name of Representative: _____ **Signature:** _____ **E-mail add:** _____
Complete Address: _____ **Tel./Mobile No:** _____

NOTE: 1) If to be claimed by a REPRESENTATIVE, present a ***letter of authorization, claim stub and your valid I.D.*** upon claiming the requested documents.

REV. fkho *040513*