

DOCUMENT REQUISITION FORM

Date of Request: _____ **Due Date:** _____

PERSONAL INFORMATION:

_____ **EMAIL:** _____
 LAST NAME(MAIDEN NAME) FIRST NAME MIDDLE NAME
 ADDRESS: _____ **CONTACT NO.** _____
 SEX: M F **CIVIL STATUS:** Single Married **NATIONALITY:** _____

ACADEMIC INFORMATION

COURSE / STRAND: _____ **GRADE & SECTION:** _____ **O.R. No.:** _____
PLEASE PUT A CHECK MARK ON THE BOX
 GRADUATE: NON-GRADUATE: CURRENTLY ENROLLED:
 DATE OF GRADUATION: _____ COURSE/YEAR/SEC: _____ COURSE/YEAR/SEC: _____
 BATCH: _____ LAST SEMESTER ATTENDED: _____ SCHOOL YEAR: _____

	DOCUMENT TYPE	NO. OF COPIES	PRICE
TRANSCRIPT OF RECORDS	<input type="checkbox"/> Official (for Personal Copy) <input type="checkbox"/> Official (for Employment Purposes) <input type="checkbox"/> Official (for Evaluation Purposes) <input type="checkbox"/> Official (for Board Exam/PRC Purpose) <input type="checkbox"/> Official (for Evaluation outside the Philippines) <input type="checkbox"/> Official (for Further Studies) School _____ Others _____	1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_	
CERTIFICATION	<input type="checkbox"/> English as medium of instruction <input type="checkbox"/> Enrollment <input type="checkbox"/> Graduation <input type="checkbox"/> GWA <input type="checkbox"/> Verification <input type="checkbox"/> Candidacy <input type="checkbox"/> Units Earned Purpose: _____	1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_	
FOREIGN DOCUMENTS	<input type="checkbox"/> Clinical Rotation <input type="checkbox"/> RLE Summary <input type="checkbox"/> Academic Calendar <input type="checkbox"/> Cases (CTC) <input type="checkbox"/> Theoretical Hours / Clinical Hours <input type="checkbox"/> Pharmacy, Drugs and Solution (AHPRA) <input type="checkbox"/> Course Description <input type="checkbox"/> Course Syllabus <input type="checkbox"/> Pharmacology Syllabus <input type="checkbox"/> DHL (Courier) <input type="checkbox"/> PROCESSING FEE FORM: _____	1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_	
AUTHENTICATION	<input type="checkbox"/> Diploma (CTC) <input type="checkbox"/> TOR (CTC) <input type="checkbox"/> CAV – AHPRA <input type="checkbox"/> CAV – for CHED <input type="checkbox"/> CAV - QATAR	1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_	
OTHER DOCUMENTS	<input type="checkbox"/> Copy of Grades / Scholastic Record <input type="checkbox"/> Transfer Credential / Honorable Dismissal <input type="checkbox"/> Course Description <input type="checkbox"/> Withdrawal Form Fee <input type="checkbox"/> 2 nd Copy of Diploma	1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_ 1 2 3 4 5_	

Conformed by: _____ **TOTAL AMOUNT:** _____

PRINTED NAME & SIGNATURE

CLAIM STUB

Date of Release: _____

Name of Applicant: _____ **Requested Document:** _____
 LAST NAME FIRST NAME MIDDLE NAME
FORM OF RELEASE:
 Pick-up; personally Pick-up; by a representative/proxy

REMINDERS:

- After payment, please return this form to the Registrar's Office.
- Documents not claimed after **60 days** will be destroyed.
- For representatives kindly present an authorization letter and valid ID when claiming the documents requested.