



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

CLAIM STUB NO.: _____
WORKING DAYS BY _____

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

1 X 1
or
2 X 2
picture

Required only for bar/board applicants

REMINDER TO THE STUDENT/REPRESENTATIVE - ADDITIONAL REQUIREMENTS UPON FILING AND CLAIMING THE REQUESTED DOCUMENTS:

Submission of a **SIGNED** authorization letter with attached photocopy of valid ID of the student, and presentation of the claim stub, official receipt, and valid ID of the representative.

TO: CASHIER		
	Total	
Graduation fee	P 300.00 / 300.00	(0509.10.003.1460.60-515-615)
Clearance fee	P 30.00 / 30.00	TOR Trust Fund B (9774711)
One set OTR	P 200.00 */300.00**	} TOR Trust Fund A (9774700)
A copy of COG	P 30.00 / 30.00	
	P 560.00* / 660.00**	
<i>Aditonal:</i>		
OTR _____ copies x 100	_____	
COG _____ copies x 30	_____	

TOTAL	_____	
* OTR consists of 4 pages		
** OTR for transferees, consists of 6 pages		

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

Optional:

PURPOSE OF APPLICATION (Pls. check):

- | | | | | |
|-------------|---|---------------------------------|---|---------------------------------------|
| Employment | <input type="checkbox"/> Local | <input type="checkbox"/> Abroad | <input type="checkbox"/> PRC Licensure Exam | <input type="checkbox"/> P-MED |
| Scholarship | <input type="checkbox"/> Local | <input type="checkbox"/> Abroad | <input type="checkbox"/> BAR Exam | <input type="checkbox"/> LAE |
| Enrollment | <input type="checkbox"/> Local | <input type="checkbox"/> Abroad | <input type="checkbox"/> Transfer to other School | |
| Migration | <input type="checkbox"/> Records Purposes | <input type="checkbox"/> | <input type="checkbox"/> COPY FOR (Notation) | |
| | | | <input type="checkbox"/> UPDilman / UP System | <input type="checkbox"/> 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.:

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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 envelope(s)** **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:** _____