

OFFICE OF THE UNIVERSITY REGISTRAR

REQUEST FOR ACADEMIC RECORDS

Name of Student:			
SURNAME	GIVEN NAME	MIDDLE NA	AME
Please PRINT your name based on your birth certificate; If man	ried, print name used	during last enrolment.	
Permanent Address:			
Contact Number:			
Email Address:			
Last SY attended at XU:			
Name of Program Completed:			
Date of Graduation:			
If transferred to another school, please write name of Purpose of Request:			
DOCUMENTS: (please check)	Qty	Schedule of Fe	es
Transfer Credential/Honorable Dismissal	Р	articulars	Fee (php)
Transcript of Records		Clearance Processing	150
Authenticated copy of HS Card (F 138)		ransfer Credential	750
Authenticated copy of HS TOR (F 137-A)		ranscript of Records	680
Course Description	A	outhenticated Copy	100
CERTIFICATES: (please check)	С	Certificate	100
Graduation		Course Description	800
Letter of No Objection	D	Ocumentary Stamp	15
Special Order		Courier (NCR)	125
English as Medium of Instruction		Courier (Luzon/Visayas)	135
	С	Courier (Mindanao)	125
	Is	slander	145
To be mailed to the ff address/es:			
1			
2			
NOTE: 1. Requests will not be processed if student has TOR, Transfer Credential, etc.) and outstand 2. Document processing is 5-14 working days 3. Overseas request has a different schedule	iding obligations wi from clearance.	·	
Signature of Student:	Date:		-
Payment Received by:			-
v.1701_oct Finance Of	Finance Office		