**Admission and Office of the Registrar**

**APPLICATION FOR OFFICIAL TRANSCRIPT OF RECORD/TRANSFER CREDENTIAL**

**1. Kindly fill up legibly all the information provided.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ ID No.: \_\_\_\_\_\_\_\_\_\_\_

(FOR MARRIED FEMALE STUDENTS) Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_

Currently Enrolled: Course/Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Old Student: Graduated: Yes Course/Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No School Year last Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for: \_\_\_\_\_ Official Transcript of Record \_\_\_\_\_ Transfer Credential/ Honorable Dismissal \_\_\_\_\_ for Reference/ERF/Abroad Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ for Board Exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Please proceed to the following offices:**

1. Librarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. SSDO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Dep’t Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Prod EA Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Alumni Relation Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Accounting Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Proceed to the Cashier's Office for the payment of necessary fees.**

Applicant cleared as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cashier

**5. After payment of fees, return this form at the Registrar's Office for preparation of requested documens.**

I understand that this request will be complied with not later than Fifteen (15) working days after the filing of the application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name of Representative

**Note:**

All **inc’s**, **nfe’s** and **no grades** should be submitted before submitting this clearance at the Registrar’s Office.

*MPSPC-AOR-F-007/00/Sept. 3, 2018*

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**Lacking Documents:**

( ) Permanent Record

( ) NSO/PSA photocopy

( ) Good Moral Character

( ) Transfer Credential

( ) Original OTR from the last school attended (Remark should be COPY FOR: MPSPC)

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Control No. 

**CLAIM SLIP**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

Documents Applied:

( ) Official Transcript of Record

( ) Transfer Credential

Documents will be claimed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted by AOR Staff

**NOTE**:

Documents not claimed within 60 days shall be forfeited.

**AUTHORIZATION LETTER**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

**THE REGISTRAR**

Mountain Province State Polytechnic College

Bontoc, Mountain Province

Sir/Madame:

This is to authorize Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to claim the document/s I applied for from your office.

Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Name and Signature of

Owner Representative

ID presented: ID presented:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_