

COLLEGE LEVEL
 GRADUATE SCHOOL



UNIVERSITY OF RIZAL SYSTEM

Province of Rizal

_____ Campus

OFFICE OF THE REGISTRAR

REQUEST SLIP

FAMILY NAME _____ FIRST NAME _____ MIDDLE NAME _____

Home Add: _____ Student Number: _____

Course: _____

Date of Attendance: From _____ : Sem / SY
To _____ : Sem / SY

Year Graduated: _____ Male: _____ Female: _____

REQUEST FOR: (Please CHECK)

COLLEGE LEVEL / UNDERGRAD	GRADUATE School	
_____ 50.00 /page	_____ 100.00 / page	Transcript of Records
_____ 20.00	_____ 100.00	Certification of Good Moral Character
_____ 20.00	_____ 100.00	Certification of Graduation/Candidacy
_____ 20.00	_____ 100.00	Certification of Grades (SY/Sem) _____
_____ 20.00 /page	_____ 100.00 / page	Scholastic Records (Yr Level) _____
_____ 20.00	_____ 100.00	Certification of Units Earned/Credit
_____ 20.00	_____ 100.00	Certification of Enrollment
_____ 20.00	_____ 100.00	Certification Authentication & Verification (CAV)
_____ 50.00	_____ 50.00	Second Copy of Diploma
_____ 20.00	_____ 100.00	Certification of Approved Curriculum
_____ 20.00	_____ 100.00	C A R (Completed Academic Requirements)
_____ 10.00	_____ 10.00	Report of Rating (SY/Sem) _____
_____ 20.00	_____ 100.00	Transfer Credential
_____	_____	OTHERS (Please Specify) _____

Claim Date: _____
Processed by: _____

Purpose: _____

Requested by: _____ Signature: _____

Cellphone No: _____ Date: _____

Note: The requested document/s will not be processed without complete information and supporting documents.



UNIVERSITY OF RIZAL SYSTEM

Province of Rizal

_____ Campus

OFFICE OF THE REGISTRAR

CLAIM SLIP

OR Number: _____

OR Date: _____

Date Applied: _____

Name of Applicant: _____

Student No: _____

Course: _____

Yr and Sec: _____

Item(s) Applied for : _____

Purpose: _____

CLAIM DATE: _____

Processed By: _____

Failure to Claim within 15 working days after the specified date means null and void.

NOTE: Please present this SLIP in claiming the item(s) applied for, in case you will claim thru representative, **AUTHORIZATION LETTER** and **ID Card** are required:

Registrar's Office Contact No: _____

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DAYS OF PROCESSING

REQUIREMENTS

FOR GRADUATE SCHOOL

FOR COLLEGE LEVEL/ NON-GRADUATING

Transfer Credential	1 Week	Transfer Credential	2 Weeks
Transcript of Records	2 Weeks	Transcript of Records	2 Weeks
Cert. Of Graduation/Candidacy	2 Weeks	Cert. Of Good Moral Character	3 Days
Cert. Of Units Earned/Credit	2 Weeks	Cert. Of Graduation / Candidacy	3 Days
Scholastic Records	1 Week	Cert. Of Grades	3 Days
Report of Rating	3 Days	Scholastic Records	3 Days
Cert. Of Approved Curriculum	2 Weeks	Cert. Of Units Earned/Credit	3 Days
Cert. Of C A R	2 Weeks	Cert of Enrollment	3 Days
Cert. Of Good Moral Character	2 Weeks	CAV (Certification, Authentication & Verification)	3 Days
Cert. Grades	2 Weeks	Second Copy of Diploma	2 Weeks
Cert. Of Enrollment	2 Weeks	CTC	3 Days
Second Copy of Diploma	2 Weeks		
CTC	3 Days		

Honorable Dismissal / Transfer Cred:

- Original Form 137 (grades from 1st yr HS - 4th yr HS)
- Original TOR (For Transferees)
- Accomplished Clearance

CTC of Diploma /TOR

- Original Diploma/ TOR
- Photocopy of Diploma/ TOR

Second Copy of Diploma

- Affidavit of Loss/ Damaged Diploma

CAV (Graduate)

- Original Diploma
- Original TOR

CAV (non-graduating)

- Original TOR

TOR (non-graduating)

- Accomplished Clearance
- Class Card (If any)

Correction of Name

- Accomplished form for Correction
- Joint Affidavit of Two Disinterested Persons
- Affidavit of Discrepancy
- NSO Birth Certificate

NOTE: The requested document(s) will not be processed without complete information and supporting documents.

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