



OFFICE OF THE REGISTRY AND STUDENTS INFORMATION SERVICES
REQUEST FOR CREDENTIAL/S FORM

Signature over Printed Name: _____ Course & Year: _____ Date of Request: _____

Birth date: _____ Student (Undergrad/Graduate) Alumnus (High School/Undergrad/Graduate)

Reminder:

A. If requested by the person himself/herself named in the document, a **valid Identification (ID) card** must be presented.

B. If requested by an authorized person, the following items must be presented:

- Authorization letter (Duly notarized authorization letter for CAV requests);
- Photocopy of valid Identification (ID) cards of the authorizing person (owner); and
- Photocopy of valid Identification (ID) card of the authorized person.

Part 1: Please complete entries below.

CONTACT NO.: _____

If a graduate, state the Date of Graduation: _____

If not, state the Last Semester & SY of Attendance in MUST: _____

Already requested credential/s (as stated below) before: YES NO

If yes, please specify: _____ Date requested: _____

Cleared? Yes. (If yes, attach the clearance form.)

No. (If not, avail of the clearance form before you proceed with your request.)

Part 2: Please check the document/s you need.

- | | | |
|--|---|---|
| <input type="checkbox"/> Diploma Replacement (P100) | <input type="checkbox"/> Form 137 (P100) | <input type="checkbox"/> Certification (P80) |
| <input type="checkbox"/> Evaluation (P50) | <input type="checkbox"/> Authentication (P5/pg) | <input type="checkbox"/> GPA <input type="checkbox"/> Graduated |
| <input type="checkbox"/> Honorable Dismissal (P100) | <input type="checkbox"/> CAV Certification thru: (P125) | <input type="checkbox"/> Endorsement <input type="checkbox"/> Earned Units |
| <input type="checkbox"/> Correction of Name (P100) | <input type="checkbox"/> DFA <input type="checkbox"/> CHED <input type="checkbox"/> BFP | <input type="checkbox"/> Officially enrolled <input type="checkbox"/> Grading System |
| <input type="checkbox"/> Transcript of Records (P125/pg) | <input type="checkbox"/> PNP <input type="checkbox"/> POEA | <input type="checkbox"/> Subjects Enrolled <input type="checkbox"/> Subjects w/ Grades |
| <input type="checkbox"/> Rush Fee (P100) | <input type="checkbox"/> Permit to Study (P100) | <input type="checkbox"/> MUST Conversion <input type="checkbox"/> In lieu of lost diploma |
| | | <input type="checkbox"/> CAR <input type="checkbox"/> English Medium of Instruction |

Part 3: Please check the purpose of your request.

- | | |
|---|---|
| <input type="checkbox"/> For Evaluation | <input type="checkbox"/> For Employment |
| <input type="checkbox"/> For Scholarship | <input type="checkbox"/> For Personal File |
| <input type="checkbox"/> For Passport | <input type="checkbox"/> For Advanced Studies |
| <input type="checkbox"/> For Board Exam | <input type="checkbox"/> For Ranking |
| <input type="checkbox"/> Others (Specify) _____ | |

Note: For board exam requests, please attach a passport sized picture (person in photo wears a blouse with collar/collared Polo: with name tag and photo must be in white background)

CHARITO G. ONG, Ph.D.
Director, RSIS

Cashier

Amount: _____ O.R. No.: _____ Payment Date: _____ Date of Release: _____

CLAIM STUB

Notice: Please be informed that RSIS RELEASING TIME is from 3:00 to 5:00 in the afternoon.

Name: _____ Course: _____ Date of Request: _____

CREDENTIAL REQUESTED: _____ DATE OF RELEASE: _____

Assessed by: _____ O.R. No: _____

Note: This stub should be presented upon claiming requests. If lost, a valid Identification (ID) card must be presented.