

PAMANTASAN NG CABUYAO

Katapatan Homes, Banay – banay, City of Cabuyao, Laguna
(049) 502 – 5884

OFFICE OF THE REGISTRAR

Date: _____

Name: _____ Contact No.: _____

Course: _____ Major: _____ Stud No.: _____

Date of Birth: _____ Birth Place: _____

Complete Address: _____

Previous School: _____

Reason for clearing:

Graduating Leave of Absence

Certificate of GMC Transfer Credentials

Certification of Grades Transcript of Records

Purpose: _____ Date of Claiming: _____

Other, please specify _____

THE UNDERSIGNED CERTIFIES THAT THE ABOVE NAMED STUDENT HAS NO PROPERTY, DOCUMENT NOR MONETARY ACCOUNTABILITY WITH OUR OFFICE.

	Signature	Date
Library	_____	_____
OSA	_____	_____
University Clinic	_____	_____
Guidance Office	_____	_____
Cashier	_____	_____
Dean	_____	_____
IT Department	_____	_____
Registrar	_____	_____
VPAA	_____	_____

PAMANTASAN NG CABUYAO

Katapatan Homes, Banay – banay, City of Cabuyao, Laguna
(049) 502 – 5884

OFFICE OF THE REGISTRAR

Date: _____

Name: _____ Contact No.: _____

Course: _____ Major: _____ Stud No.: _____

Date of Birth: _____ Birth Place: _____

Complete Address: _____

Previous School: _____

Reason for clearing:

Graduating Leave of Absence

Certificate of GMC Transfer Credentials

Certification of Grades Transcript of Records

Purpose: _____ Date of Claiming: _____

Other, please specify _____

THE UNDERSIGNED CERTIFIES THAT THE ABOVE NAMED STUDENT HAS NO PROPERTY, DOCUMENT NOR MONETARY ACCOUNTABILITY WITH OUR OFFICE.

	Signature	Date
Library	_____	_____
OSA	_____	_____
University Clinic	_____	_____
Guidance Office	_____	_____
Cashier	_____	_____
Dean	_____	_____
IT Department	_____	_____
Registrar	_____	_____
VPAA	_____	_____

CLAIM SLIP

Date: _____

Name: _____ Course: _____

Date of Claiming

Certificate of GMC _____

Transfer Credentials _____

Certification of Grades _____

Transcript of Records _____

Other, please specify _____

STUDENT'S SIGNATURE

REQUEST RECEIVED BY:

OR # _____

Date: _____

CLAIM SLIP

Date: _____

Name: _____ Course: _____

Date of Claiming

Certificate of GMC _____

Transfer Credentials _____

Certification of Grades _____

Transcript of Records _____

Other, please specify _____

STUDENT'S SIGNATURE

REQUEST RECEIVED BY:

OR # _____

Date: _____