PACIFIC INTERCONTINENTAL COLLEGE



*T R A N S N A T I O N A L E D U C A T I O N P R O V I D E R*

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Metro Manila P H I L I P P I N E S 1750

**FORM E201**

**OFFICE OF THE REGISTRAR**

**REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Information** | **Request for:** | **No. of copies** | **Amount**  *(For use of Accounting Office)* |
| Name: Student No.:    Last Name First Name  Middle Name:  Birthday:  Gender:  | [ ] 1. Diploma  [ ] 2. Transcript of Records  [ ] with GRADUATED Remarks  [ ] without GRADUATED Remarks  [ ] 3. Honorable Dismissal  *(Attach Copy of Clearance)*  [ ] 4. Certificate of Complete Academic Requirements  [ ] 5. **Others:**            **TOTAL** |  |  |
|  |  |
| **Previous School** |
| Course:  College:  Entry Year From:  To:  Date of Graduation:   (if applicable) |  |  |
|  |  |
| **Purpose** |
| * A. Transcript of Records (TOR) [ ] 1. Evaluation   [ ] 2. Employment/Promotion  [ ] 3. For Further Studies *(Specify the College/University)*  B. Others: |
|  |  |
|  |  |
|  |  |
| **Contact Details** |
|  |  |
| Permanent Address:      Cellphone No.:   Email Address:  |
|  |  |
| Applicant’s Signature:   Date Filed:  | ***For Payment use only*** | | |
| Official Receipt No.: Date: Amount Paid: | | |

Requirements: Grades: Payment:

*Note: Kindly fill-up all the “” mark*