



REQUEST FORM

Applicant's Information Pacific InterContinental College	Request for:	No. of Copies	Amount <i>(For use of Accounting Office)</i>
Name: _____ Student No.: _____ _____ Last Name First Name M.I. Maiden Name: _____ (Surname used upon entry at the University [for female students/graduates only]) Course: _____ Entry Year: From: _____ To: _____ Date of Graduation: _____ (If applicable)	<input type="checkbox"/> 1. Diploma <input type="checkbox"/> 2. Transcript of Records <input type="checkbox"/> 3. Honorable Dismissal <i>(Attach Copy of Clearance)</i> <input type="checkbox"/> 4. Certificate of Complete Academic Requirement <input type="checkbox"/> 5. Certification of Grades <input type="checkbox"/> 6. Certification of Graduation <input type="checkbox"/> 7. Certification of Units Earned		
Previous School Course: _____ Entry Year: From: _____ To: _____ Date of Graduation: _____	<input type="checkbox"/> 8. CHED Certification (CAV CHED) Endorsement Letter (for CAV) - Free CAV CHED PhP80.00 (Certification) CAV PIC PhP150.00 Transportation Fee It is required to request for CERTIFICATE OF UNITS EARNED for Endorsement letter. Please see Number 7 for CUE fee.		
Purpose A. Transcript of Records (TOR) <input type="checkbox"/> 1. Evaluation <input type="checkbox"/> 2. Employment/Promotion <input type="checkbox"/> 3. For further studies <i>(Specify the college/university)</i> _____ B. Others: _____	<input type="checkbox"/> 8. Certification of Enrollment <input type="checkbox"/> 9. Certification on Medium of Instruction <input type="checkbox"/> 10. Replacement of Registration Card/ID <i>(with Affidavit of Loss)</i> <input type="checkbox"/> 11. PROSPECTUS <input type="checkbox"/> 12. Certificate of Registration <input type="checkbox"/> 13. Others: _____ _____		
Contact Details Permanent Address: _____ _____ Fax No: _____ Direct Line: _____ Cell Phone No: _____ Email Address <i>(for notification purposes only):</i> _____	TOTAL		
(For use of the Office of the Registrar) Name of Receiving Registrar' Date Received: _____ Date of Release: _____	Please fill-out after payment Official Receipt No.: _____ Date: _____ Amount Paid: _____		
	Applicant's Signature: Date Filed: _____		

Requirements: _____

Application form [] *Name and Signature*
 2x2 Picture []
 TOR []

Grades: _____

Name and Signature
 First Term []
 Second Term []
 Third Term []
 Fourth Term []
 Fifth Term []
 Sixth Term (PHD) []

TD/CE: _____

Name and Signature
 Comprehensive Exam _____
 Pre Oral _____
 Final Defense _____

Book/s & CD: _____

Name and Signature

Payment: _____

Accounting Name and Signature

First Term []
 Second Term []
 Third Term []
 Fourth Term []
 Fifth Term []
 Sixth Term (PHD) []

Check by: _____

Director