



UNIVERSITY of the ASSUMPTION
OFFICE OF THE UNIVERSITY REGISTRAR
REQUEST FORM FOR DOCUMENTS

Form R-01A Feb 2016 Revision

Date Requested <input checked="" type="checkbox"/>		Date Due	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
Last Name	<input checked="" type="checkbox"/>	ID No	<input checked="" type="checkbox"/>
First Name	<input checked="" type="checkbox"/>	Program/Degree	<input checked="" type="checkbox"/>
Middle Name	<input checked="" type="checkbox"/>	Did you graduate from UA?	
Gender	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes I graduated from UA	<input type="checkbox"/> No, my last enrollment was on _____ sem _____ SY
Birthday	<input checked="" type="checkbox"/>	Granted Transfer Credentials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you have a change or correction of name at UA?	<input type="checkbox"/> No <input type="checkbox"/> Yes, my original name was (please specify) _____	CLAIMING INSTRUCTIONS	
CONTACT INFORMATION		<input type="checkbox"/> PICK UP. The document/s will be claimed by the owner who will present one (1) valid ID upon claiming and the Official Receipt.	
Tel. No.(Home)	<input checked="" type="checkbox"/>	<input type="checkbox"/> PROXY. A proxy/representative will claim the document/s. Upon claiming, he/she will present an authorization letter from the owner, his/her valid ID, valid ID of the owner and the Official Receipt.	
Cell No.	<input checked="" type="checkbox"/>	Name of Representative	<input checked="" type="checkbox"/>
Email Address	<input checked="" type="checkbox"/>	Signature of Representative	<input checked="" type="checkbox"/>
Address (with zip code)	<input checked="" type="checkbox"/>	Cell No.	<input checked="" type="checkbox"/>
SIGNATURE OF OWNER	<input checked="" type="checkbox"/>	Email	<input checked="" type="checkbox"/>
DOCUMENT		<i>Please indicate check mark in the appropriate box.</i>	
PURPOSE OF REQUEST FOR DOCUMENT		<i>to be filled out by the Records in-charge</i>	
<input type="checkbox"/> 2nd Issuance of Diploma 661.00 Php (20 working days)	<input type="checkbox"/> For Verification Purposes <input type="checkbox"/> For Record Purposes	<input type="checkbox"/> Visa Application <input type="checkbox"/> Others _____	
<input type="checkbox"/> Transcript of Records 200.00 Php (5 working days except during graduation and enrolment season)	<input type="checkbox"/> For Board Exam Purposes <input type="checkbox"/> For Employment Purposes <input type="checkbox"/> For Evaluation Purposes	<input type="checkbox"/> Verification <input type="checkbox"/> Record Purposes <input type="checkbox"/> Others _____	
	DOCUMENT TYPE	PURPOSE OF REQUEST	
<input type="checkbox"/> Certification 50.00 Php (1 working day)	<input type="checkbox"/> Enrollment/Attendance <input type="checkbox"/> Units Earned/Grades <input type="checkbox"/> Completion of Academic Requirements <input type="checkbox"/> Graduation, Special Order /with honors <input type="checkbox"/> Candidacy for Graduation <input type="checkbox"/> Cumulative GPA/Rank in Batch <input type="checkbox"/> President's/Dean's List <input type="checkbox"/> English as Medium of Instruction <input type="checkbox"/> Course Description <input type="checkbox"/> English Proficiency <input type="checkbox"/> Others _____	<input type="checkbox"/> Verification <input type="checkbox"/> Record Purposes <input type="checkbox"/> Board Examination <input type="checkbox"/> Employment <input type="checkbox"/> Evaluation <input type="checkbox"/> Visa Application <input type="checkbox"/> Scholarship <input type="checkbox"/> Others _____	
<input type="checkbox"/> Transfer Credentials 300.00 Php (5 working days)	<input type="checkbox"/> True Copy of Grades and Certificate of Eligibility to Transfer	<input type="checkbox"/> Evaluation	
<input type="checkbox"/> Authenticated Documents - Certified True Copy of Documents photocopied documents with the signature of the Registrar and the dry seal of UA) 50.00 Php / 5 copies/document (1 working day)	<input type="checkbox"/> Diploma <input type="checkbox"/> Registration Form <input type="checkbox"/> Certificate <input type="checkbox"/> Evaluation Form <input type="checkbox"/> RLE <input type="checkbox"/> Others _____ <input type="checkbox"/> Form 137 <input type="checkbox"/> Form 138 <input type="checkbox"/> Transcript of Records <input type="checkbox"/> Identification Card <input type="checkbox"/> Consolidated Copy of Grades	<input type="checkbox"/> Verification <input type="checkbox"/> Record Purposes <input type="checkbox"/> Board Exam <input type="checkbox"/> Employment <input type="checkbox"/> Evaluation <input type="checkbox"/> Visa Application <input type="checkbox"/> Others _____	
<input type="checkbox"/> Other Documents 100.00 Php (1 day - Consolidated Copy of Grades, 3 days - Evaluation form)	<input type="checkbox"/> Consolidated Copy of Grades <input type="checkbox"/> Evaluation Form <input type="checkbox"/> Others _____	<input type="checkbox"/> Scholarship <input type="checkbox"/> Replacement Purposes <input type="checkbox"/> Others _____	
PROCEDURE FOR SECURING DOCUMENTS		TOTAL	
1. Have fees assessed by the Records-in-charge.		3. Secure the Signature of the Director for Libraries(for 1st time applicants only).	
_____ Records in-charge _____ Date		_____ Director for Libraries _____ Date	
2. Secure the Signature of the Dean (for 1st time applicants only).		4. Settle the document fee at the Finance/Treasury Office (Cashier).	
_____ Dean _____ Date		_____ University Treasurer _____ Date	
Only first (1st) time applicants need to be cleared at the Dean's Office and at the College Library. Second (2nd) time applicants may skip steps 2 and 3.		5. Submit the approved form and present the Official Receipt at the OUR.	
		_____ Records in-charge _____ Date	

CLAIM STUB



UNIVERSITY of the ASSUMPTION
OFFICE OF THE UNIVERSITY REGISTRAR
Tel. No. (045) 961-1648, email address: reg@ua.edu.ph

Form R- 01A
STUDENT'S COPY

Student Name	<input checked="" type="checkbox"/>	Date Requested	<input checked="" type="checkbox"/>
Program/Degree	<input checked="" type="checkbox"/>	Date Due	<input checked="" type="checkbox"/>
Year Level/Year Graduated	<input checked="" type="checkbox"/>	Registrar's Personnel	
RECORD REQUESTED:	<input type="checkbox"/> 2nd Copy of Diploma <input type="checkbox"/> Transcript of Records	<input type="checkbox"/> Certification <input type="checkbox"/> Transfer Credentials	<input type="checkbox"/> Authenticated Documents <input type="checkbox"/> Others _____

- NOTE:**
1. Present the claim stub with the Official Receipt when claiming the requested document/s.
 2. Representatives must present an Authorization letter signed by the owner of the document/s, ID Cards (of the owner and of the representative).
 3. Document/s not claimed after 90 days from due date will be DESTROYED and payments made will be FORFEITED.
 4. Pay only at the Finance Office: Monday-Friday (7:30am- 12:00nn, 1:00pm-6:00pm), Saturday (8:00 am -12:00 nn)

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