



University of the Philippines
COLLEGE OF EDUCATION
Diliman, Quezon City

PAY TO:

- i. Bank Name: **Land Bank**
- ii. Account Name: **UPD Trust Fund**
- iii. Account Number: **3072-1007-18**

No. of set/s of document/s requested: _____

Total amount to be paid: _____

Name: _____

Student No.: _____

Sex assigned at Birth: _____

Degree/Major: _____

REQUEST FOR:

___ 1. True copy of Grades (TCG). State the semesters _____

___ 2. Certification of:

- ___ Good Moral character
- ___ Scholastic Standing
- ___ Enrolment

- ___ Units Earned
- ___ Completion of Academic Requirements

___ 3. Permit to Transfer

___ 4. College Clearance

___ 5. Others (Please Specify) _____

Purpose(s) _____

Date: _____

Signature: _____

NOTE: Document is Php 20/set