



University of the Philippines  
COLLEGE OF EDUCATION  
Diliman, Quezon City

Pay to: 977-4271-499-439

No. of set/s of document/s requested: \_\_\_\_\_  
Total amount to be paid: \_\_\_\_\_

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Last Name First Name Middle Name

Sex assigned at Birth: \_\_\_\_\_ Degree&Major: \_\_\_\_\_ TIN Number(Optional): \_\_\_\_\_

Mode of payment (Kindly put a check): Cash at Diliman Cash Office ☐ Gcash ☐ LinkBiz ☐

For pick up ☐ via online ☐

**REQUEST FOR:**

\_\_\_1. True copy of Grades (TCG). State the semesters \_\_\_\_\_

\_\_\_2. Certification of:

\_\_\_ Good Moral character

\_\_\_ Scholastic Standing (*for Undergrad students only*)

\_\_\_ Enrolment

\_\_\_ Permit to Transfer

\_\_\_ Units Earned

\_\_\_ Completion of Academic Requirements

\_\_\_ GWA

\_\_\_ College Clearance

Others (Please Specify) \_\_\_\_\_

Purpose(s) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Document is Php 20/set**



University of the Philippines  
COLLEGE OF EDUCATION  
Diliman, Quezon City

Pay to: 977-4271-499-439

No. of set/s of document/s requested: \_\_\_\_\_  
Total amount to be paid: \_\_\_\_\_

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Last Name First Name Middle Name

Sex assigned at Birth: \_\_\_\_\_ Degree&Major: \_\_\_\_\_ TIN Number(Optional): \_\_\_\_\_

Mode of payment (Kindly put a check): Cash at Diliman Cash Office ☐ Gcash ☐ LinkBiz ☐

For pick up ☐ via online ☐

**REQUEST FOR:**

\_\_\_1. True copy of Grades (TCG). State the semesters \_\_\_\_\_

\_\_\_2. Certification of:

\_\_\_ Good Moral character

\_\_\_ Scholastic Standing (*for Undergrad students only*)

\_\_\_ Enrolment

\_\_\_ Permit to Transfer

\_\_\_ Units Earned

\_\_\_ Completion of Academic Requirements

\_\_\_ GWA

\_\_\_ College Clearance

Others (Please Specify) \_\_\_\_\_

Purpose(s) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Document is Php 20/set**