



TARLAC STATE UNIVERSITY
OFFICE OF ADMISSION AND REGISTRATION
 Tarlac City

Transaction No: _____

External
 Internal

REQUEST FORM

Dated Filed: _____ Due Date: _____

NAME OF STUDENT: _____
 (Pls. write the name registered during your enrollment at TSU)

Course/Major: _____
Address: _____
Contact: _____

Type of Request	No. of Copies	Pls. check if First Copy
1. Transcript of Records (TOR)	_____	Yes ___ No ___
2. Diploma (Duplicate)	_____	
3. Form 137-A	_____	
4. Certification/s:	_____	
5. Authentication (CAV)	_____	
6. English Medium of Instruction	_____	
7. English Translation Diploma	_____	
8. Enrollment	_____	
9. General Weighted Average	_____	
10. Graduation	_____	
11. Transfer Credentials	_____	
12. Units Earned	_____	
13. No Objection, No Publication	_____	
14. PD 907	_____	
15. Grading System	_____	
16. Bonafide	_____	
17. Consular	_____	
18. CAV CHED Endorsement	_____	
19. Certification of Grade	_____	

Please fill the information needed correctly:
 Year Graduated: _____
For unfinished curriculum:
 Year of First Attendance _____
 Year of Last Attendance _____

Purpose of Request: (please check)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Board Examination | <input type="checkbox"/> Promotion |
| <input type="checkbox"/> Employment (Local) | <input type="checkbox"/> Ranking |
| <input type="checkbox"/> Employment Abroad | <input type="checkbox"/> Records |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Scholarship |

Assessed by: _____
 Processed by: _____



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CLAIM STUB

NAME: _____
DATE FILED: _____
DUE DATE: _____

Please claim your Request at Window _____

Important Reminders:

1. Pls. bring with you this stub in claiming your request
2. In case of a representative, pls. attach your **Authorization letter, your ID and the ID of representative.**
3. In case of lost stub, inform the OAR Office immediately.
4. Release of request/s will only depend if the requirements are complete.
5. The validity of request is **60 days** from the date of filing.
6. Extended an additional day(s) for the holiday.
7. Claim your request on the given date/claiming date.

 SIGNATURE OF REQUESTOR

 SIGNATURE OF REPRESENTATIVE

Remarks: _____

- Claimed on due date: _____
 Claimed beyond due date: _____

Processed by: _____