Colegio de San Juan de Letran
151 Muralla Street, Intramuros, Manila, 1002 Philippines
Tel. No.: 8527-7693 to 97 loc. 331-335 Telefax: 82514179
Email: registrar@letran.edu.ph * Website: http://www.registrar.letran.edu.ph

**COLLEGIATE CLEARANCE FORM**

## OFFICE OF THE REGISTRAR

### I. PERSONAL INFORMATION

Student No.: _____ Gender: Male ☐ Female ☐

Last Name: _____ Program: _____

First Name: _____ Year Graduated: _____ Under-graduate ☐

Middle Name: _____

Contact No.: _____ Address: _____

Email Add.: _____

### II. APPLICATION FOR: *(Please check)*

| | | | |
|---|---|---|---|
| ☐ | True Copy of Grades | ☐ | Certificate of Transfer Eligibility / H.D. |
| ☐ | Transcript of Records | ☐ | Certification |

### III. REASON FOR TRANSFER: *(Please indicate below)*

_____

_____

_____
Signature of Applicant Over Printed Name

### IV. SECURE CLEARANCE FROM THE FOLLOWING OFFICES:

_____ **[1] Student Accounts**

_____ **[2] Department of Student Affairs**

_____ **[3] Guidance and Counseling**

_____ **[4] College Laboratory**

_____ **[5] Library Services**

_____ **[6] Office of the Dean**

----------DO NOT WRITE BELOW THIS LINE----------

**Granted Transfer Credentials on** _____

**Issued by:** _____

**CLAIM STUB**
**COLEGIO DE SAN JUAN DE LETRAN**
**Tel. No.: 8527-7693 to 97 loc. 331-335**

**NAME :** _____

**COURSE:** _____

**DOC'S REQUESTED:** _____

**CLAIM ON:** _____ **AT WINDOW:** _____

**RECEIVED BY:** _____

**AMOUNT TO BE PAID**

| | | |
|---|---|---|
| **CERT.** | : | _____ |
| **CTE** | : | _____ |
| **DIPLOMA** | : | _____ |
| **GMC** | : | _____ |
| **TCG** | : | _____ |
| **TOR** | : | _____ |
| **DOC. STAMP** | : | _____ |
| **EXPRESS FEE** | : | _____ |
| **TOTAL** | : | _____ |