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

GRADUATE SCHOOL CLEARANCE FORM

OFFICE OF THE REGISTRAR

I. PERSONAL INFORMATION

Student No.: _____ Gender: Male ☐ Female ☐

Last Name: _____ Program: MBA ☐ SMP ☐ DBA ☐

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] Guidance & Counseling	[3] Library Services	[4] 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	:	_____