



Colegio de San Juan de Letran

151 Muralla Street, Intramuros, Manila, 1002 Philippines
Tel. No.: 527-7693 to 97 loc. 331/332 Telefax: 3010720
Email: registrar@letran.edu * website: http://www.letran.edu

COLLEGIATE CLEARANCE FORM

PERSONAL INFORMATION

Student No.:

Last Name:

First Name:

Middle Name:

Contact No.

Email Add.:

Sex: Male Female

Course:

CLAS COED

CBAAs CEIT

Year Graduated Undergraduate

APPLICATION FOR:

Transfer Credentials

Certification

Transcript of Records

Purpose _____

Diploma

Present Address:

Signature of Applicant Over Printed Name

- | | | |
|--|------------------------------------|---------------------------------|
| (1) _____
Comptrollership | (4) _____
ITSD | (7) _____
Office of the Dean |
| (2) _____
Department of Student Affairs | (5) _____
Guidance & Counseling | |
| (3) _____
College Laboratory | (6) _____
Library Services | |

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

STEPS/PROCEDURE

- Fill out the upper portion of this form.
- Secure clearance from the offices enumerated above.
- Pay at the Cashier the amount indicated below.
- Submit this form at the Registrar's Office.

Granted Transfer Credentials on _____

Issued by: _____

Received by: _____

AMOUNT TO BE PAID

TOR : _____

DIPLOMA : _____

TCG : _____

CTE : _____

GMC : _____

CERT. : _____

DOC. STAMP : _____

Reason for transfer: _____

CLAIM STUB
COLEGIO DE SAN JUAN DE LETRAN
Contact Nos. 301 0720/ 527-7693 to 97 loc. 331 or 332

NAME : _____

COURSE: _____

DOC'S REQUESTED: _____

CLAIM ON: _____ AT WINDOW: _____

RECEIVED BY: _____