



Colegio de San Juan de Letran

151 Muralla Street, Intramuros, Manila, 1002 Philippines
Tel. No.: 527-7693 to 97 loc. 331-335 Telefax: 3010720
Email: registrar@letran.edu * website: http://www.letran.edu

GRADUATE SCHOOL CLEARANCE FORM

PERSONAL INFORMATION

Student No.:

Last Name:

First Name:

Middle Name:

Contact No.

Email Add.:

Sex: Male Female

Program: MBA SMP DBA

Year Graduated Undergraduate

Address:

APPLICATION FOR:

Transfer Credentials

Certification

Transcript of Records

Diploma

Purpose:

Signature of Applicant Over Printed Name

- (1) _____
Comptrollership
- (2) _____
Library Services
- (3) _____
Alumni and Public Relations Department
- (4) _____
Office of the Dean

----- -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 : _____

HD : _____

GMC : _____

CERT. : _____

DOC. STAMP : _____

CLAIM STUB
COLEGIO DE SAN JUAN DE LETRAN
Contact Nos. 82514179/ 8527-7693 to 96 loc. 332

NAME : _____

COURSE: _____

DOC'S REQUESTED : _____

CLAIM ON: _____ AT WINDOW: _____

RECEIVED BY: _____