

## METROPOLITAN MEDICAL CENTER COLLEGE OF ARTS SCIENCE AND TECHNOLOGY OFFICE OF THE REGISTRAR

Student #: Name:				Gender: Male-	Female Date:	
Surn	ame	First Name	Middle Name	Pls. e	ncircle	
Current Mailing Address:				Course & Year	Level :	
Contact Number:						
Please Check (J)						
Graduate – Year First Atten		dance in MMC-CAST:dance in MMC-CAST:		Semester, S.Y. 20_	20	
	Last Alteridance		0	emester, 3.1.20_	20	
Record/s Requested: Please Check ( √)		For a re	equest to be gra	nted, complete th	e following	
Am	CLEARANCE					
Certified True – Copy of Grade		(Signature over printed name & date)				
Transcript of Records Honorable Dismissal Diploma				Under graduate	Graduate	
Certification of: o Good Moral Character		Level Coo	ordinator		$\ge$	
Average		Laboratory Depar	• • •			
		IT Depa	rtment		$\geq$	
		Guidanc	e Office		$\geq$	
Others (Please Specify)		Libr	ary			
		Accounting	Department			
TOTAL:		Registrar				
Purpose: Please Check ( √)		School ID's ( Amount Pa	clearance of	Student ID) will b transferring stud	e surrendered upon ent.	
For Employment		OR #		Date:		
For PRC Others		Request Received by:				
		Date Releas	se:			

## <u>CLAIM STUB</u>

Name of Student		Date Release		
Nature of Document				
Note: To claim, the owner of the document must present this claim stub together with a valid ID: If by a third party (not the owner), present				

Note: To claim, the owner of the document must present this claim stub together with a valid ID: If by a third party (not the owner), present the CS, a valid ID and an authorization letter from the owner with the owner's ID.