



APPLICATION FOR TRANSFER CREDENTIALS

Document No.: FM-RO-29-00

Effective Date: June 2, 2014

BILLING NO.: _____

Amount: _____

REQUIREMENT:

1. Letter of parents allowing the student to transfer to another school.

REMINDERS :

Applicant must file/claim their documents personally. Should they be unable to do so, they may send authorized representatives who may file/claim documents on their behalf. However, authorized representatives must submit the following:

1. An authorization letter from the applicant
2. A photocopy of applicant's valid ID bearing his signature and passport biopage (for applicants abroad)
3. Representative's own valid ID with signature

INSTRUCTIONS:

1. Accomplish the form and secure necessary clearances:
Library, Guidance Office and Office of the Prefect of Discipline for clearance.
2. Return the form to the Customer Service Section for billing.
3. Secure clearance from the Treasury Department then pay the corresponding fee.
4. Proceed to DoIT (Intramuros Campus) or CSAD (Makati Campus) for picture taking.
5. Return the form to the Customer Service Section.
6. Transfer Credentials shall be released after twenty four (24) hours.
7. The amount paid covers the charges for the transcript of records which shall be mailed upon request of the school where the student transferred.

I hereby request for my transfer credentials from MAPÚA INSTITUTE OF TECHNOLOGY in connection with my transfer to another school.

REASON FOR APPLYING: (Please check box)

- Change Program to _____
 Can't cope with the academics
 Financial Problem
 Pursue Graduate Studies
 Others

NAME : _____
Last First Middle

STUDENT NO. _____ PROGRAM/YEAR: _____ NATIONALITY: _____

DATE OF BIRTH : _____ PLACE OF BIRTH : _____ GENDER : _____

MAILING ADDRESS : _____

CONTACT NO. : _____

EDUCATION RECORDS :

High School : _____

College (for transferee): _____

For Mapúa Graduates only: Degree Program: _____ Date of Graduation: _____

Applicant's Signature/Date

CLEARANCES:

LIBRARY	GUIDANCE OFFICE	OFFICE OF THE PREFECT OF DISCIPLINE	TREASURY
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To be filled out by the Office of the Registrar personnel only

REMARKS :	TREASURY	RECEIVED
	Payment Validation	BY/DATE: _____ TC SIGNED BY/DATE : _____

Return this form to the Office of the Registrar Customer Service Section upon payment.

TRANSFER CREDENTIALS RECEIVED BY:	
Student	Authorized Representative
Signature over printed name/Date	Signature over printed name/Date

For Office of the Registrar personnel only

MAPUA TR ISSUED TO: _____

TR SECTION CHIEF SIGNED BY/DATE: _____

TR SIGNED BY/DATE: _____