



sOFFICE OF THE UNIVERSITY REGISTRAR

REQUEST FOR CERTIFICATION

Student Number _____ Contact Number: _____ Date: _____

NAME				
	Surname	First Name	Middle Name	Name Extension
Maiden Name (If married)				
	Surname	First Name	Middle Name	Name Extension
Address				

☐ Graduated Degree: _____
Date Graduated: _____

☐ Currently Enrolled Course and Year: _____

☐ Not Enrolled: Year last enrolled: _____
Course & Year: _____

Amount to be Paid: _____
Official Receipt No. _____

Amount & Date Paid: _____

Purpose: _____

(Please Attach Certificate of Registration)

☐ Certificate of Enrolment ☐ English as Medium of Instruction ☐ Graduating Student

☐ Statement of Accounts ☐ Certification of Graduation ☐ RLE

☐ Certification of Enrolment and Statement of Accounts ☐ Units Earned ☐ Course Description

(Please Attach Grade Slip)

☐ Certification of Grades _____ Semester, SY _____ ☐ Undertaking (For Nursing only)

☐ General Weighted Average _____ Semester, SY _____ ☐ CAR (Completed Academic Requirements)

☐ Billing Form: [Please attach Certificate of Registration (current year) and grade slip (previous year)]

☐ SSS ☐ GSIS ☐ SNLP ☐ SSGP ☐ OTOS ☐ NCIP

☐ Tulong Dunong ☐ I Care ☐ Half Merit ☐ Full Merit ☐ Safe Loan ☐ CHED _____

Award No. _____

☐ Change /Update Personal Information. Please specify: _____

☐ Others _____

(FOR UNIVERSITY REGISTRAR'S RECORD PERSONNEL ONLY)

Deposited to records: Date: _____ Time: _____

Lacking Requirements;

☐ None ☐ Form 137-A ☐ Police Clearance (for transferee)

☐ General Clearance ☐ Good Moral Certificate ☐ Marriage Contract (for married woman)

☐ 2x2 ID picture (with collar) ☐ Certificate of Transfer Credentials (HD) ☐ OTHERS: _____

☐ Original birth certificate from NSO ☐ Official TOR (for transferee)

Record's In charge _____ Window 1 In charge _____

Due Date: _____



PRIVACY CONSENT

I hereby agree and consent that Central Mindanao University may collect, use, disclose and process my personal information set out in this form and/or otherwise provided by me for the purpose of requesting school documents as stated in the Data Privacy Act 2012 and other related data privacy policies.

The information will be only accessed by authorized university staff. I understand my data will be held securely and will not be disclosed to third parties without my permission. I have the right to change or access my information. I understand that when this information is no longer required, official university procedure will be followed to dispose my data.

By signing below, I represent and warrant that I am the data subject and that I have read and agree all of the above provisions.

Signature over printed name _____ Date _____

ACKNOWLEDGE BY:

Signature over printed name _____ Date _____