Pay to: 977-4271-499-439



No. of set/s of document/s requested:	
Fotal amount to be paid:	

Name:	Last Name	First Name	Middle Name	Student No.:	Email Address:
Sex assigne					TIN Number(Optional):
			PEOUE	ST FOR:	
	copy of Grades fication of:	(TCG). State the	•		
- - -	Good Moral Scholastic St Enrolment		dergrad students or		Inits Earned ompletion of Academic Requirements WA
4. Colle	it to Transfer ge Clearance rs (Please Speci	fy)			
Purpose(s)					
NOTE: Doc	ument is Php 20	O/set			
University of the Philippines COLLEGE OF EDUCATION Diliman, Quezon City				Pay to: 977-4271-499-43 et/s of document/s requested: nount to be paid:	
Name:		·····		Student No.:	Email Address:
Sex assigne	Last Name	First Name	Middle Name		TIN Number(Optional):
och assigne	.u ut 5				
	copy of Grades fication of:	(TCG). State the		ST FOR:	
- - -	Good Moral Scholastic St		dergrad students or		Inits Earned ompletion of Academic Requirements WA
4. Colle	it to Transfer ge Clearance rs (Please Speci	fy)			
Purpose(s)					
Date:				Signature:	

NOTE: Document is Php 20/set