



Asian
Theological
Seminary

Quezon City, Philippines
Office of the Registrar

APPLICATION FOR REQUESTS

APPLICATION FOR:	
No of Copies	
<input type="checkbox"/> Transcript of Records (TOR)	_____
Certificates/Documents	
<input type="checkbox"/> Certification of Enrollment	_____
<input type="checkbox"/> Certification for English as Medium of Instruction	_____
<input type="checkbox"/> Certification of Graduation	_____
<input type="checkbox"/> Transfer Credential	_____
<input type="checkbox"/> Certified True Copy	_____
<input type="checkbox"/> Mailing Fee: LBC/DHL	_____
OTHERS: _____	_____
TOTAL AMOUNT TO PAY	_____

Name: _____
(SURNAME) (FIRST NAME) (MIDDLE)

Permanent Address: _____

Nationality: _____ Sex: _____ Civil Status: _____

Contact Info:

Email Address: _____

Contact Number: _____

Date of Attendance: From: _____ To: _____

TO BE FILLED OUT FOR TRANSCRIPT OF RECORDS REQUEST ONLY

Have you applied before for Transcript of Records? () Yes () No

If yes, please check appropriate box:

() TOR w/o CHED Special Order, date issued _____

() TOR w/ CHED Special Order, date issued _____

Remarks put in the TOR

() "FOR EVALUATION PURPOSES"

() "TRANSFER CREDITS"

() "COPY FOR. . ."

Note:

1. Your official receipt serves as your claiming stub to be presented in claiming your TOR.
2. In compliance with R.A. No. 10173 (DATA PRIVACY ACT OF 2012), representative must submit a signed authorization letter and present valid I.D. upon claiming the requested documents.