



**OFFICE OF THE REGISTRAR
DAVAO MEDICAL SCHOOL FOUNDATION, INC.**

Dr. A. Gahol Ave., Cor., J.P Laurel Street, Bajada, Davao City

Tel No. +63(802)224.3510 Mobile No: +63905-5105-205; +63968-7212-381 Email: registrar@email.dmsf.edu.ph Website: www.dmsf.edu.ph

REQUEST SLIP

OR No.: _____

Date Filed: _____

Student No: _____

Date Due: _____

Print (Family Name, First Name and Middle Name):		(Course/ Yr. Graduated)
Contact No. (Landline & Mobile):	Email Address:	First & Last SY in DMSFI:
Present Address:		

REQUEST FOR (Please Check Documents/ needed & indicate number of copies)

TRANSCRIPT OF RECORDS (TOR)

Pieces	Amount	Total
<input type="checkbox"/> ___ Original (Local)	215/set	_____
<input type="checkbox"/> ___ Original (Abroad)	515/set	_____
<input type="checkbox"/> ___ Certified True Copy	65/set	_____
<input type="checkbox"/> ___ Authenticated Copy	65/set	_____

(For request of Certified and Authenticated copies, kindly provide us the original copy of your TOR. For those who do not have the original, please include in your request the ORIGINAL TOR)

CERTIFICATION/ RECOMMENDATION

<input type="checkbox"/> ___ Enrollment	75/copy	_____
<input type="checkbox"/> ___ Grade	75/copy	_____
<input type="checkbox"/> ___ Graduation	75/copy	_____
<input type="checkbox"/> ___ Course Description	275/set	_____
<input type="checkbox"/> ___ No Objection	75/copy	_____
<input type="checkbox"/> ___ Good Moral Certificate	75/copy	_____
<input type="checkbox"/> ___ Medium of Instruction	75/copy	_____
<input type="checkbox"/> ___ Honorable Dismissal	375/copy	_____
<input type="checkbox"/> ___ Assessment	75/copy	_____
<input type="checkbox"/> ___ Class Ranking	75/copy	_____
<input type="checkbox"/> ___ Fee Structure/ Demand Letter	75/copy	_____
<input type="checkbox"/> ___ Bonafide Cert. (Indicate the purpose below)	75/copy	_____
<input type="checkbox"/> ___ General Weighted Average (GWA)	75/copy	_____
<input type="checkbox"/> ___ Certificate of No Scholarship	75/copy	_____
<input type="checkbox"/> ___ Certified/Authentic Copy of the above certificates	65/copy	_____

FOR CAV REQUEST

For Certification, Authentication, and Verification (CAV) of documents, please send us an email regarding your request.

For verification of documents, those who transferred needing original documents and those who are planning to Transfer, kindly email us regarding your specific request.

DIPLOMA

Pieces	Amount	Total
<input type="checkbox"/> ___ Re-Issuance	315	_____
(Provide Affidavit of Loss)		
<input type="checkbox"/> ___ Certified True Copy	65/copy	_____
<input type="checkbox"/> ___ Authenticated Copy	65/copy	_____

(Please bring original copy of Diploma)

SPECIAL ORDERS(Certified/Authentic Copy)	65/copy	_____
NMAT Result (Certified/Authentic Copy)	65/copy	_____

PAPERS FOR BOARD

<input type="checkbox"/> ___ MEDICINE	750/package	_____
<input type="checkbox"/> ___ DENTISTRY	750/package	_____
<input type="checkbox"/> ___ NURSING	750/package	_____
<input type="checkbox"/> ___ MIDWIFERY	750/package	_____

FOREIGN STUDENT VISA DOCUMENTS

<input type="checkbox"/> ___ SSP / VISA COVERSION/VISA EXTENSION	200	_____
(Passport No: _____)		

___ **MCI DOCUMENTS**

(BS FROM OTHER SCHOOL) 615 _____

___ **MCI DOCUMENTS**

(BS FROM DMSF) 765 _____

MSPE (VALIDATION/EDITING)	2,000	_____
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OTHERS

<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

Grand Total PH _____

PURPOSE: For/ To		
_____ Signature Over Printed Name	_____ Registrar	_____ Cashier

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CLAIM STUB

Name of Requesting Party:	(Course/ Yr. Graduated):
Due Date:	Receiving Clerk:

Requirements:

- For requesting and claiming of documents, other than the Owner, Authorization Letter and valid ID's as attachments (for both owner and authorized representative) are needed.
- For processing of CAV documents and/or claiming of DIPLOMA through authorized representative, Special Power of Attorney (SPA) is required.