



**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 Email: registrar@email.dmsf.edu.ph Website: www.dmsf.edu.ph

REQUEST SLIP

OR No.: _____
Student No: _____

Date Filed: _____
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

<input type="checkbox"/> Original(Local)	215
<input type="checkbox"/> Original(Abroad)	515
<input type="checkbox"/> Certified True Copy	65/copy
<input type="checkbox"/> Photocopy w/ Original Signature	65/copy

DIPLOMA

<input type="checkbox"/> Re-Issuance(Provide Affidavit of Loss)	315
<input type="checkbox"/> Certified True Copy	65/copy

DOCUMENT FOR CAV

<input type="checkbox"/> Original TOR	_____
<input type="checkbox"/> Certified True Copy of TOR	_____
<input type="checkbox"/> Certified True Copies of S.O	_____
<input type="checkbox"/> Letter of Confirmation	_____
<input type="checkbox"/> Certified True Copy of Diploma	_____
<input type="checkbox"/> Related Learning Experience	_____
<input type="checkbox"/> CAV Processing Fee	_____

SPECIAL ORDERS (S.O) **65/copy**

PAPERS FOR BOARD

<input type="checkbox"/> 2 Original TOR (BSN, Proper Med & Dent)	215/copy
<input type="checkbox"/> 2 Certified True Copies of TOR	65/copy
<input type="checkbox"/> 2 Certified True Copies of TOR (Premed)	65/copy
<input type="checkbox"/> 2 Original Certificate of Graduation	75/copy
<input type="checkbox"/> 2 Certified Copies of Certificate of Graduation	65/copy
<input type="checkbox"/> 1 Original copy of Diploma	
<input type="checkbox"/> 2 Certified copies of Diploma	65/copy
<input type="checkbox"/> 2 Original copies of Clinical Clerkship	75/copy
<input type="checkbox"/> 2 Certified Copies of Clinical Clerkship	65/copy
<input type="checkbox"/> 2 Certified True Copies of S.O	65/copy

CERTIFICATION/ RECOMMENDATION

<input type="checkbox"/> Enrollment	75
<input type="checkbox"/> Grade	75
<input type="checkbox"/> Graduation	75
<input type="checkbox"/> Course Description	275
<input type="checkbox"/> No Objection	75
<input type="checkbox"/> Good Moral Certificate	75
<input type="checkbox"/> Medium of Instruction	75
<input type="checkbox"/> Honorable Dismissal	375
<input type="checkbox"/> Assessment	75
<input type="checkbox"/> Class Ranking	75
<input type="checkbox"/> Fee Structure/ Demand Letter	75
<input type="checkbox"/> Bonafide Cert. (Indicate the purpose below)	75

MCI DOCUMENTS
(BS FROM BROKENSHIRE OR SAN PEDRO) **615**

MCI DOCUMENTS
(BS FROM DMSF) **765**

FOREIGN STUDENT VISA DOCUMENTS

<input type="checkbox"/> SSP / VISA COVERSION/VISA EXTENSION	200
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OTHERS

Grand Total PHP _____

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

Important Note:
CAV payments will be determined after an email is made.

- Requirements:**
- Other than the Owner, Proof of Identity is needed
 - An authorization letter signed by the owner
 - (e.g., SPA, Valid ID and other supporting documents)