 **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*](mailto:registrar@email.dmsf.edu.ph) *Website:* [*www.dmsf.edu.ph*](http://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 RECORS (TOR)**  **DIPLOMA**

**Pieces Amount Total Pieces Amount Total**

🗆\_\_\_Original (Local) **215/set \_\_\_\_\_** 🗆\_\_ Re-Issuance **315 \_\_\_\_\_**

🗆\_\_\_ Original (Abroad) **515/set \_\_\_\_\_ (Provide Affidavit of Loss)**

🗆\_\_\_ Certified True Copy **65/set \_\_\_\_\_** 🗆\_\_ Certified True Copy **65/copy \_\_\_\_\_**

🗆\_\_\_ Authenticated Copy **65/set \_\_\_\_\_** 🗆\_\_ Authenticated Copy **65/copy \_\_\_\_\_**

(For request of Certified and Authenticated copies, kindly **(Please bring original copy of Diploma)**

provide us the original copy of your TOR. For those who do not

have the original, please include in your request the ORIGINAL TOR) **SPECIAL ORDERS(Certified/Authentic Copy) 65/copy \_\_\_\_\_**

**NMAT Result (Certified/Authentic Copy) 65/copy \_\_\_\_\_**

**CERTIFICATION/ RECOMMENDATION**

🗆\_\_\_Enrollment **75/copy \_\_\_\_\_** **PAPERS FOR BOARD**

🗆\_\_\_Grade **75/copy \_\_\_\_\_** 🗆\_\_MEDICINE **750/package \_\_\_\_\_**

🗆\_\_\_Graduation **75/copy \_\_\_\_\_** 🗆\_\_DENTISTRY **750/package \_\_\_\_\_**

🗆\_\_\_Course Description **275/set \_\_\_\_\_** 🗆\_\_NURSING **750/package \_\_\_\_\_**

🗆\_\_\_No Objection **75/copy \_\_\_\_\_** 🗆\_\_MIDWIFERY **750/package \_\_\_\_\_**

🗆\_\_\_Good Moral Certificate **75/copy \_\_\_\_\_**

🗆\_\_\_Medium of Instruction **75/copy \_\_\_\_\_ FOREIGN STUDENT VISA DOCUMENTS**

🗆\_\_\_Honorable Dismissal **375/copy \_\_\_\_\_** 🗆\_\_SSP / VISA COVERSION/VISA EXTENSION **200 \_\_\_\_\_**

🗆\_\_\_Assessment **75/copy \_\_\_\_\_ (Passport No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

🗆\_\_\_Class Ranking **75/copy \_\_\_\_\_** 🗆\_\_**MCI DOCUMENTS**

🗆\_\_\_Fee Structure/ Demand Letter **75/copy \_\_\_\_\_ (BS FROM OTHER SCHOOL) 615 \_\_\_\_\_**

🗆\_\_\_Bonafide Cert. (Indicate the purpose below) **75/copy \_\_\_\_\_** 🗆\_\_**MCI DOCUMENTS**

🗆\_\_\_General Weighted Average (GWA) **75/copy \_\_\_\_\_ (BS FROM DMSF) 765 \_\_\_\_\_**

🗆\_\_\_Certificate of No Scholarship **75/copy \_\_\_\_\_**

🗆\_\_\_Certified/Authentic Copy of the **65/copy \_\_\_\_\_ MSPE (VALIDATION/EDITING) 2,000 \_\_\_\_\_**

above certificates

**OTHERS**

**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.

**Grand Total PH** \_\_\_\_\_\_\_

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| --- |
| **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.