



**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)	250/set	_____
<input type="checkbox"/> Original (Abroad)	550/set	_____
<input type="checkbox"/> Certified True Copy	75/set	_____
<input type="checkbox"/> Authenticated Copy	75/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	100/copy	_____
<input type="checkbox"/> Grade	100/copy	_____
<input type="checkbox"/> Graduation	100/copy	_____
<input type="checkbox"/> Course Description (Local)	300/set	_____
<input type="checkbox"/> Course Description (Abroad)	350/set	_____
<input type="checkbox"/> No Objection	100/copy	_____
<input type="checkbox"/> Good Moral Certificate	100/copy	_____
<input type="checkbox"/> Medium of Instruction	100/copy	_____
<input type="checkbox"/> Honorable Dismissal	450/copy	_____
<input type="checkbox"/> Assessment	100/copy	_____
<input type="checkbox"/> Class Ranking	100/copy	_____
<input type="checkbox"/> Fee Structure/ Demand Letter	100/copy	_____
<input type="checkbox"/> Bonafide Cert. (Indicate the purpose below)	100/copy	_____
<input type="checkbox"/> General Weighted Average (GWA)	100/copy	_____
<input type="checkbox"/> Certificate of No Scholarship	100/copy	_____
<input type="checkbox"/> Certified/Authentic Copy of the above certificates	75/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	400	_____
(Provide Affidavit of Loss)		
<input type="checkbox"/> Certified True Copy	75/copy	_____
<input type="checkbox"/> Authenticated Copy	75/copy	_____

(Please bring original copy of Diploma)

SPECIAL ORDERS(Certified/Authentic Copy) 75/copy _____
NMAT Result (Certified/Authentic Copy) 75/copy _____

PAPERS FOR BOARD

<input type="checkbox"/> MEDICINE	1000/package	_____
<input type="checkbox"/> DENTISTRY	1000/package	_____
<input type="checkbox"/> NURSING	1000/package	_____
<input type="checkbox"/> MIDWIFERY	1000/package	_____

FOREIGN STUDENT VISA DOCUMENTS

SSP / VISA COVERSION/VISA EXTENSION 200 _____
(Passport No: _____)

MCI DOCUMENTS (BS FROM OTHER SCHOOL) 725 _____
 MCI DOCUMENTS (BS FROM DMSF) 975 _____

MSPE (VALIDATION/EDITING) 2,500 _____

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.