

**COLLEGE OF ENGINEERING  
U.P. Diliman, Quezon City**

**REQUEST FOR CERTIFICATION/TCG**

Student Information	
Full Name:	
Course:	Student #:
Contact Number(s):	
Email Address:	
Currently Enrolled? ( ) Yes ( ) No	
If No, date of last enrolment:	
Graduating ( ) 1 <sup>st</sup> Sem ___ - ___ ( ) 2 <sup>nd</sup> Sem ___ - ___	
Graduated? ( ) Yes ( ) No	
If Yes, date Graduated:	
Signature:	

<b>CERTIFICATION:</b>	# of copies
( ) Current Enrolment (Pls. attach latest Form 5)	_____
( ) Last Enrolment – Date of Last Enrolment: _____	_____
( ) Good Scholastics Standing	_____
( ) Candidacy to Graduation	_____
( ) Graduating this Semester/Midyear	_____
( ) Completion of Academic Requirements with CWAG	_____
( ) Remaining Units/Units Earned	_____
( ) College/University Scholar/ Semester SY _____	_____
( ) No Pending Case	_____
( ) Others:	_____
_____	_____
( ) True Copy of Grades	_____

PURPOSE:
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Application fee: P20/copy  
Payment Center: UP Cashier's Office (back of PNB Bldg.)  
TRUST FUND ACCOUNT: **1570-884-952-005-461**

OR#: \_\_\_\_\_ Date: \_\_\_\_\_

----- detach this portion -----

**STUDENT COPY/CLAIM STUB:**

Requesting for: ( ) TCG _____ ( ) Certification of: _____  FULL NAME: _____
--

Received by: \_\_\_\_\_ (Admin Staff)  
Date: \_\_\_\_\_

Note: Number of days of processing – 3 working days  
Upon claiming, present this copy and your ID, photo ID & authorization (if the person who will pick up is not the student concerned).

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