



**COLLEGE OF THE IMMACULATE CONCEPTION  
CABANATUAN CITY**

**A PAASCU - ACCREDITED SCHOOL**

**OFFICE OF THE REGISTRAR**

**REQUEST FOR CERTIFICATE OF ELIGIBILITY TO TRANSFER**

*Please Print*

\_\_\_\_\_ Date

Student Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Program / Major and Year Level: \_\_\_\_\_

Attendance at CIC: School Years: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

House Number	Street	Barangay
Municipality/City		Province

Contact Number: Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Reason for Transferring: \_\_\_\_\_

Transferring to: \_\_\_\_\_

School
Address

Student's Signature: \_\_\_\_\_ Date Filed: \_\_\_\_\_

**CLEARANCE:**

I hereby certify that \_\_\_\_\_ is cleared of all obligations from this College:  
*Student's Name*

_____ <i>Dean</i>	_____ <i>Librarian</i>	_____ <i>Head, Office of Student Affairs</i>
_____ <i>Accountant/Biller</i>	_____ <i>Treasurer/Cashier/O.R. No./Date</i>	_____ <i>Registrar</i>

- Fee for Transfer Certificate is four hundred pesos (PhP 400) inclusive of Transcript of Records to be forwarded upon request by the Registrar of the college/university where the student may transfer.

**CLAIM STUB FOR CERTIFICATE OF ELIGIBILITY TO TRANSFER**

Name : \_\_\_\_\_  
*First Name Middle Name Last Name*

Date Filed: \_\_\_\_\_ Request Received By: \_\_\_\_\_ Due for Release on: \_\_\_\_\_

**Notes to the Student:**

- Transfer certificate will be issued/released only to the student-applicant three (3) working days after date of filing.
- Student's signature will be required upon release of certificate.
- Kindly present your valid ID and this Claim stub when securing the requested certificate.