



## DOCUMENT'S APPLICATION FORM

Document/s Applied for:		
	Purpose:	No. of Pages:
College Diploma	•	•
Copy of Grades Honorable Dismissal / Certificate	of Fligibility to Transfer	2 <sup>nd</sup> Copy of Student Registration Form Certificate of Good Moral
Certification of	of Eligibility to Transfer	Others
Authentication (Please attach ph	otocopy of documents to be authenticated)	Documentary Stamppcs
Entry Year: S.Y.	Sem	Graduate → Date of Graduation:
Last Attendance: S.Y.	Sem	Undergraduate
		Onasigradatio
Student Name:	First Name	Middle News
		Middle Name Student No.
	Major:	•
Permanent Address:		
Elementary School:		Year Graduated:
High School:		Year Graduated:
Tertiary School: (if transferee)		
Basis of Admission:	Contact Number: _	
		Rush Regular
Signature of Student	Signature of Cashier & Date	Date of Filing :
Signature of Student	Signature of Cashier & Date	Schedule of Release :
	WESTMEAD INTERNATIONA Batangas City	AL SCHOOL
	DOCUMENT'S CLAIM	ING STUB
Student Name:		Course:
Document/s to be claimed:		Schedule of Release:
Signature of WIS Personnel / Date	Student's Signature / Date	Signature of Authorized Representative / Date
		letter, attached with a photocopy of one valid ID of the student and of ble to personally claim the requested document/s.
INTERNATIONAL SCHOO		Website: http://www.westmead-is.e
	DOCUMENT'S APPLICA	TION FORM
Document/s Applied for:		
	Purpose:	No. of Pages:
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	36111	Chacigraduate
Student Name:		Chaolgradate
Student Name: Last Name		Middle Name Student No.
Last Name	First Name	Middle Name Student No.
Last Name  Course:	, First Name <b>Major:</b>	Middle Name Student No.  Department:
Course: Permanent Address:	First Name  Major:	Middle Name Student No.  Department:
Course: Permanent Address: Elementary School:	First Name  Major:	Middle Name Student No.  Department:  Year Graduated:
Course:  Permanent Address:  Elementary School:	, First Name Major:	Middle Name Student No.  Department:  Year Graduated:  Year Graduated:
Course:  Permanent Address:  Elementary School:  High School:  Tertiary School: (if transferee)	First Name  Major:	Middle Name Student No.  Department:  Year Graduated:  Year Graduated:
Course:  Permanent Address:  Elementary School:  High School:  Tertiary School: (if transferee)	, First Name Major:	Middle Name Student No.  Department:  Year Graduated:  Year Graduated:
Course:  Permanent Address:  Elementary School:  High School:  Tertiary School: (if transferee)	First Name  Major:	Middle Name Student No.  Department:  Year Graduated:  Year Graduated:
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