

SECONDARY SCHOOL RECORD

Higher Education Unit

Miriam College

KATIPUNAN AVENUE, LOYOLA HEIGHTS, QUEZON CITY 1106

www.mc.edu.ph

(TO BE FILLED OUT BY THE REGISTRAR OR PRINCIPAL)

NAME OF APPLICANT _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

SCHOOL _____ TEL. NO. _____

SCHOOL ADDRESS _____

YEAR OF GRADUATION _____

INSTRUCTIONS:

To the Applicant: Write your name and give this to your school registrar or principal.

To the Registrar/Principal: The person above is an applicant of Miriam College. Kindly fill-out this form accurately and completely. Please type or print the information legibly. Countersign all erasures and corrections made. Kindly seal this form in a white letter envelope and sign the envelope flap and return to the applicant. All information will be kept confidential. Thank you very much.

SUBJECTS	FINAL GRADES			FIRST QUARTER GRADE 4 TH YEAR 20__ - 20__
	1 ST YEAR 20__ - 20__	2 ND YEAR 20__ - 20__	3 RD YEAR 20__ - 20__	
FILIPINO				
ENGLISH				
MATHEMATICS				
SCIENCE				
SOCIAL STUDIES				
YEARLY AVERAGE				

AVERAGE: _____

Note: Please attach a copy of your school's grading system. For letter grade/s, please indicate the numerical equivalent.

PREPARED BY: _____

Signature Over Printed Name

Designation

Date

Name of Registrar/Principal: _____

Printed Name and Signature

Date

School Seal