

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 GRADE 12
	GRADE 9	GRADE 10	GRADE 11	
	20__ - 20__	20__ - 20__	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