



**METROPOLITAN MEDICAL CENTER  
COLLEGE OF ARTS, SCIENCE AND TECHNOLOGY  
OFFICE OF THE REGISTRAR**

Date \_\_\_\_\_

**LETTER OF REQUEST FOR TRANSFER**

I, \_\_\_\_\_ a \_\_\_\_\_ level,  
(Student's Surname) First Name (Middle Name)  
Section \_\_\_\_\_, would like to request for my:

- Honorable Dismissal
- Scholastic Record / Transcript of Records
- Certificate of Good Moral Character

For the following reasons: \_\_\_\_\_  
\_\_\_\_\_.

Thank you very much.

Respectfully yours,

\_\_\_\_\_  
(Student's signature over printed name)

\_\_\_\_\_  
(Parent's signature over printed name)

Recommended by:

Approved by:

\_\_\_\_\_  
Guidance Officer

**Amelia B. Fernandez**  
Registrar