



CMLS FORM 115: PROBATIONARY FORM

Date

The Dean
College of Medical Laboratory Science
De La Salle Medical and Health Sciences Institute

I, _____ (*Name of Student*) fully understand and agree with the Retention and Promotion Policy of the College of Medical Laboratory Science effective School Year _____, to wit:

1. I am under probation for _____ (*duration*) during my _____ (*Term/Year Level/SY*) in the College of Medical Laboratory Science.

In effect, I shall comply with the Retention and Promotion policies stipulated in the CMLS Implementing Rules and Regulations 2021-2022;

In the event that I failed to meet the minimum requirements of the retention and promotion policy, the CMLS thereby reserves the right not to readmit me.

Signature over Printed Name of Student

Date

CONFORME:

Signature over Printed Name of Parent

Date

CTC No./Date and Place Issued

Doc. No.: _____
Page No. _____
Book No. : _____
Series _____

Notary Public

