

ACKNOWLEDGMENT LETTER (Masteral)

DATE: _____

FOR: **Lasallian Admissions and Scholarships Opportunities**
De La Salle Medical and Health Institute
City of Dasmariñas, Cavite, Philippines

Greetings!

This is to inform your good office that we are duly informed and are submitting to the admission policies of De La Salle Medical and Health Sciences Institute Lasallian Admission and Scholarship Opportunities. To wit:

1. The **Php10,000.00** reservation fee is non-refundable and non-transferable should my son/daughter decide to discontinue/withdraw his/her application. However, the aforementioned amount shall be deducted from his/her total tuition fees should he/she continue with his/her application and should he/she enroll during the regular enrollment period.
2. The reservation fee shall be forfeited should my son/daughter decide not to enroll during the regular enrollment period scheduled by the institution.
3. I am giving my consent to the Guidance and Counseling Service Department (GCSD) / The Student Affairs (TSA) to provide a copy of my psychological test result to the aforementioned parties for the purpose of helping me holistically as the need arises.
4. The requirements for admissions should be completed and submitted before the enrollment schedule and issuance of the enrollment permit and registration form.

GENERAL REQUIREMENTS FOR ENROLLMENT

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1. Original Birth Certificate
 2. Photocopy of Official Transcript of Records (TOR)
 3. Photocopy of Diploma / Certificate of Graduation
 4. Certificate of GWA / GPA

Original copies of all documents must be presented to the Lasallian Admission and Scholarship Opportunities)

Sincerely,

SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN_____
DATE

Conforme:

SIGNATURE OVER PRINTED NAME OF APPLICANT_____
DATE

cc: The Registrar, File