

ACKNOWLEDGMENT LETTER (Doctor of Philosophy in Health Sciences)

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 I decide to discontinue/withdraw my application. However, the aforementioned amount shall be deducted from my total tuition fees should I continue my application and should I enroll during the regular enrollment period.
2. The reservation fee shall be forfeited should I decide not to enroll during the regular enrollment period scheduled by the institution.
3. The requirements for admissions should be completed and submitted before the enrollment schedule and issuance of the enrollment permit and registration form.

GENERAL REQUIREMENT FOR ENROLLMENT

1. Original Birth Certificate

(Note: original copies of all documents must be presented to the Lasallian Admission and Scholarship Opportunities)

Sincerely,

SIGNATURE OVER PRINTED NAME OF APPLICANT_____
DATE

cc: The Registrar, File