



DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE

DLSMHSI is a CHED Autonomous HEI and an Associate Member of Asean University Network - Quality Assurance

ACADEMICS LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

REQUEST FOR RECONSIDERATION

NAME: _____ DATE: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

For the College Admissions Committee:

Please reconsider my application for reconsideration for college admissions to De La Salle Medical and Health Sciences Institute. Attached are the following photocopied requirements:

1. Form 138 (Grade 11 & 12 High School Report Card / Form 137 (Transcript of Records))
2. CAT / SCAT Result

If qualified, I would like to be admitted to _____ (course):

Status of Request (to be filled-out by LASO)

Request Approved

Request Disapproved

Remarks:

For and on behalf of the Collegiate Admissions Committee:

Lasallian Admission and Scholarship Opportunities

Date

Note: Accomplish in two copies (1-LASO; 2. Applicant's Copy)

