



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 CHANGE OF COURSE

For the Lasallian Admission and Scholarship Opportunities:

I, _____ (Name), who has
 been accepted / reserved my slot for _____ (current course) is humbly
 requesting for your approval to change my course preference.

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

Reason/s: _____

Sincerely,

 Signature over Printed Name _____
 Date

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)

