



### Notarized Provisional Enrollment Status Form (for incoming Undergraduate)

Date: \_\_\_\_\_

For: Lasallian Admission and Scholarship Opportunities  
DLSMHSI

I am an incoming \_\_\_\_\_ year \_\_\_\_\_ (course) student of De La Salle Medical and Health Sciences Institute. I am fully aware that I have not submitted the following document/s for admissions:

- \_\_\_\_ Photocopy of Birth Certificate
- \_\_\_\_ Original Form 138 (Grade 12 High School Report Card)
- \_\_\_\_ Photocopy of School Diploma / Certificate of Graduation / Certificate of Candidacy for Graduation

Others: \_\_\_\_\_  
\_\_\_\_\_

1. We fully understand that the status of my admissions is considered **conditional/probationary** in nature until I have submitted the aforementioned lacking requirements **on or before August**. I am also aware that failure to submit these credentials on the given date would mean cancellation of my reservation/enrollment or cannot enroll for next semester enrollment.
2. We fully understand that I am candidate for graduation this SY and I had no more obligations on my previous school.
3. We fully understand that the **Php 10,000.00** Reservation fee, Medical Examination fee & other fees made during my application in this Institution are non-refundable. We are also aware that the withdrawal of my documents would mean cancellation of the slot.
4. A student who transfers or withdraws in writing, within two (2) weeks after the beginning of the classes and who already paid the tuition fee and other school fees in full or for any length longer than one month may be charged twenty-five percent (25%) of the total tuition fees for the term if he/she withdraw before or within first week of classes, or fifty percent (50%) if within the second week of the classes, regardless of whether or not he/she have actually attended classes. Students will be charged the school fees in full if he/she withdraw anytime after the second week of classes (source: Manual of Regulation of Private Higher Education (MORPHE), Article XX, Section 100).

Conforme:

Witness:

\_\_\_\_\_  
Student's Signature over Printed Name

\_\_\_\_\_  
Signature over Printed Name

Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

*Note: The withdrawal of documents done at the Lasallian Admission and Scholarship Opportunities is only applicable to applicants whose transactions have already reached up to Reservation of Slots. Withdrawal of documents after enrollment shall now be transacted at The Registrar.*

WITNESS MY HAND AND SEAL on the date, year and place above-stated.

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of \_\_\_\_\_ 005F

NOTARY PUBLIC



# 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

cc: The Registrar, File