



OVCA FORM 112: PERMIT TO ENROLL IN THE GRADUATE/CERTIFICATE COURSES

Date: _____

For: _____

Dean/Director

Attention: _____ **Department Chair/Program Director /Head**

From: _____

Signature of Instructor/Professor/ASF over Printed Name

Full-time Full-time Fixed Permanent Probationary
(1) (2) (3)

Subject: **Permit to Enroll**

This is to seek permission from the College/Department of _____ to enroll in my:

1st Master's Degree 1st Doctorate Degree
 2nd Master's Degree 2nd Doctorate Degree
Major _____ Major: _____
Certificate Course in _____

Furthermore, I would like to inform you that:

I shall apply for faculty study grant.
 I shall shoulder the expenses of my studies.

School: _____

Total Number of Units Earned as of this Filing _____ Expected Year of Completion _____

	COURSE CODE	COURSE DESCRIPTION	UNITS	DAYS	TIME	ROOM	PROFESSOR
1							
2							
3							

Note:

Accomplish this form one week after enrolment and attach 2 copies of the following:

1. Photocopy of the registration card duly signed by the Registrar
2. True copy of grades of the last subject(s) enrolled
3. Course Curriculum (for new enrollees)

ACTION TAKEN

APPROVED

DISAPPROVED

_____ charged to the College/Department of _____ Faculty/ASF Development and Continuing Success Fund
_____ charged to the faculty/ASF concerned

SIGNED:

Department Chair/Program Director/Head

Dean/Director

Naomi M. de Aro, RN, MAN, EdD
Vice Chancellor for Academics

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