



### OVCA FORM 124: EXPRESSION OF INTENT TO REFUND AVAILABLE FUNDS

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

For: \_\_\_\_\_

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

Attention: **DLSMHSI Finance and Controllership Department**

From: \_\_\_\_\_

*Signature of Parent/Guardian over Printed Name*

\_\_\_\_\_  
*Name of Student/Year and Section*

\_\_\_\_\_  
*College/Department*

Subject: **Expression of Intent**

Dear Dr. de Aro: Greetings in

St. La Salle!

I would like to inform you that I:

intend to refund the full amount of the remaining available funds (Php\_\_\_\_\_ ) paid through the Student Deposit for SY \_\_\_\_\_ payable to \_\_\_\_\_.

intend to carry over the full amount of the remaining available funds (Php\_\_\_\_\_ ) paid through the Student Deposit for SY \_\_\_\_\_ for the payment of the tuition fees (Doctor of Medicine) of my son/ daughter this SY \_\_\_\_\_.

intend to use the full amount of the remaining available funds (Php\_\_\_\_\_ ) paid through the Student Deposit for SY \_\_\_\_\_ for the payment of the following:

\_\_\_\_\_  
\_\_\_\_\_

N.B. *I am fully informed and aware that should I decide to refund the full amount of the remaining available funds (Php\_\_\_\_\_ ) paid through the Student Deposit for \_\_\_\_\_, I shall submit to the Cash Services Office of DLSMHSI located at the Basement Floor of the Wang Building the following: (1) Official Receipt/s of all fees paid; (2) Certificate of Registration and (3) Clearance.*

Thank you very much.

cc: File

