

OVCA FORM 109: LETTER OF RECOMMENDATION FOR PERMANENCY						
Date:						
For:	DLSHSI Institutional APEB/ASPEB					
	THROUGH:	Naomi M. de Aro, RN, MAN, EdD Vice Chancellor for Academics Chair, Institutional APEB				
From:	Dean/Director Chair, College/Department ofAPEB/AFPEB					
Attested:		tment Chair/Program Director er, College/Department ofAPEB/ASFEB				
		r Faculty Member/ASF Representative er, College/Department ofAPEB/ASFEB				

This is to inform the Institutional APEB/ASPEB of the decision and recommendation of the College/Department of APEB regarding the status of the following faculty members/ASF who are candidates for permanency effective () First/() Second/() Third Semester/Term of SY 20____-20____.

NAME OF FACULTY MEMBER/ASP	DEPARTMENT	DECISION/ RECOMMENDATION	REMARKS

Attached are the pertinent documents that support the decision of the College/Department of APEB/ASPEB for your perusal.

Thank you very much.

cc: File

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