



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:

1<sup>st</sup> Master's Degree  1<sup>st</sup> Doctorate Degree  
 2<sup>nd</sup> Master's Degree  2<sup>nd</sup> 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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