



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 2018-2019.

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