

OFFICE OF THE VICE CHANCELLOR FOR ACADEMIC SERVICES

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 A	NTO:
Greetings in S	St. La Salle!
I would like to	inform you that I:
	tend to refund the full amount of the remaining available funds (Php) paid through the Student osit for SY payable to
() in Stud	tend to carry over the full amount of the remaining available funds (Php) paid through the lent Deposit for SY for the payment of the tuition fees (Doctor of Medicine) of my daughter this SY 2018-2019.
() in	tend to use the full amount of the remaining available funds (Php) paid through the Student osit for SY for the payment of the following:
(Php Office of DLS	y informed and aware that should I decide to refund the full amount of the remaining available funds) paid through the Student Deposit for, I shall submit to the Cash Services MHSI located at the Basement Floor of the Wang Building the following: (1) Official Receipt/s of all fees ificate of Registration and (3) Clearance.
Thank you ve	ry much.
cc: File	

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