

ACKNOWLEDGMENT LETTER (Masteral)

DATE: _____

FOR: **The Registrar – Admissions, Scholarships and Testing Section
De La Salle Medical and Health Institute
City of Dasmariñas, Cavite, Philippines**

Greetings!

This is to inform your good office that we are duly informed and are submitting to the admission policies of De La Salle Medical and Health Sciences Institute The Registrar – Admissions, Scholarships and Testing Section. To wit:

1. The **Php10,000.00** reservation fee is non-refundable and non-transferable should I decide to discontinue/withdraw his/her application. However, the aforementioned amount shall be deducted from my total tuition fees should I continue with the application and should I enroll during the regular enrollment period.
2. The reservation fee shall be forfeited should I decide not to enroll during the regular enrollment period scheduled by the institution.
3. I am giving my consent to the Student Wellness and Guidance Services Department (SWGSD) / The Student Affairs (TSA) to provide a copy of my psychological test result to the aforementioned parties for the purpose of helping me holistically as the need arises.
4. The requirements for admissions should be completed and submitted before the enrollment schedule and issuance of the enrollment permit and registration form.

GENERAL REQUIREMENTS FOR ENROLLMENT

1. Transfer Credential / Honorable Dismissal from previous school
2. Photocopy of Birth Certificate

Original copies of all documents must be presented to the The Registrar – Admissions, Scholarships and Testing Section)

Sincerely,

SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN

DATE

Conforme:

SIGNATURE OVER PRINTED NAME OF APPLICANT

DATE

cc: The Registrar, File