



REQUEST FOR RECONSIDERATION FOR SENIOR HIGH

NAME: _____ **DATE:** _____

SCHOOL: _____

SCHOOL ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

For the Admissions Committee:

Please reconsider my application/change of course for Senior High program of De La Salle Medical and Health Sciences Institute. Attached are the following photocopied requirements:

1. **Form 138 (Grade 10 High School Report Card / Form 137 (Transcript of Records))**
2. **LAT Result**

Status of Request (to be filled-out by TRAST)

Request Approved

Request Disapproved

Remarks:

For and on behalf of the Admissions Committee:

Signature Over Printed Name

Date

Note: Accomplish in two copies (1-TRAST; 2. Applicant's Copy)