



APPLICATION FORM FOR BRIDGING AND ENRICHMENT PROGRAM

SUBJECT/S ENROLLING : 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

PERSONAL BACKGROUND

LAST NAME:			
FIRST NAME:			
MIDDLE NAME:			
HOME ADDRESS:			
EMAIL ADDRESS:			
LANDLINE # :		CELLPHONE # :	

EDUCATIONAL BACKGROUND

COURSE APPLIED AT DLSMHSI :			
SECONDARY :			
SCHOOL NAME :			
TRACK TAKEN :			
ADDRESS :			

ACKNOWLEDGMENT (Bridging and Enrichment Program)

FOR: Lasallian Admission and Scholarship Opportunities
De La Salle Medical and Health Sciences 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 for Bridging and Enrichment Program Applicants of De La Salle Medical and Health Sciences Institute Lasallian Admission and Scholarship Opportunities. To wit:

- 1. The **Php 2,000.00 Reservation Fee is non-refundable** should my son/daughter decide to discontinue/withdraw his/her application. However, the aforementioned amount shall be deducted from his/her total tuition fees should he/she continue with his/her application and should he/she enroll during the regular period.
- 2. The Reservation Fee shall be forfeited should my son/daughter decide not to enroll during the regular enrollment period scheduled by the institution.
Total fees computed shall be based on the number of subjects that the student plans to take in the Bridging Program.
- 3. There shall be no dropping of subjects once enrolled and payment made is **non-refundable**.
- 4. If a student completed at least **80%** of the total number of hours in a subject, a Certificate of Completion shall be awarded at the end of the Bridging Program. The name of the subject/s taken and the number of hours completed shall be reflected in the said certificate.
- 5. If the student attended less than **80%** of the total number of hours in a subject, a Certificate of Participation shall be given.

Sincerely,

SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN

Date

Conforme,

SIGNATURE OVER PRINTED NAME OF APPLICANT

Date