



**ST. LA SALLE MEDICAL EDUCATION BENEFIT (SLMEB)**

**AUTHORIZATION LETTER FOR SLMEB ENROLLMENT**

Date: \_\_\_\_\_

For: **The Accounting Office/Cash Services Office**  
**This Institute**  
**City of Dasmariñas, Cavite, Philippines**

I \_\_\_\_\_ (Name of Employee) from the \_\_\_\_\_  
(Department/Office). Please accept the enrollment application of \_\_\_\_\_, who is under the  
St. La Salle Medical Scholarship Grant (SLSMSG) for the \_\_\_\_\_ semester of School Year \_\_\_\_\_.  
He / She is enrolled in (course) \_\_\_\_\_, classified as (curriculum year) \_\_\_\_\_.  
The aforementioned scholar is entitled to a one hundred /fifty (100% / 50%) percent tuition fee discount.

Thank you very much.

Sincerely,

\_\_\_\_\_  
*Manager*

Approved:

\_\_\_\_\_  
*Registrar*

**Note:** This authorization letter must be secured by the employee applicant from The Registrar – Admissions, Scholarships and Testing Section (TRAST) two (2) weeks before enrollment.

cc: DLSMHSI Accounting Office, File