



PARENT CONSENT FORM FOR DLSMHSI SEP

This is to acknowledge that we, the parents/guardians of _____ (name of student) have been informed of the DLSMHSI Scholarship to Employment Program benefits, policy and have permitted our son/daughter _____ (name of the son/daughter) to render two (2) years of mandatory return of service by working at De La Salle University Medical Center (DLSUMC) as a _____ (position based on the degree finished and must be assigned in direct patient care) after passing the licensure exam. In case our son/daughter failed in the licensure examination, they are required to render return service for one year while preparing for the next licensure examination. They may be assigned in any of the available positions at the De La Salle University Medical Center or in any other available offices within the Institute. In the event that our son/daughter violate the rules stipulated in their Memorandum of Agreement or unable to or unwilling to fulfill their obligation to render return service, we shall pay back the Institute the total amount of the grant within two years after passing the licensure examination.

Signature over Printed Name of Applicant

Signature over Printed Name of Parent /s/Guardian/s

Parent /s/Guardian/s Contact Number/s

cc: Student, Parent / Guardian, File

