



DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE

DLSMHSI is a CHED Autonomous HEI and an
Associate Member of Asean University Network - Quality Assurance

ACADEMICS
LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

BROTHER PRESIDENT SCHOLARSHIP PROGRAM (BPSP)

AUTHORIZATION LETTER FOR BPSP ENROLLMENT

Date: _____

**FOR: The Scholarship Office
The Registrar's Office
The Accounting Office**

Please accept the enrollment application of _____ (son/daughter) of Mr./Mrs. - _____ (Name of Employee) from _____ (Department/Office). 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. Moreover, please be informed that the said expenses shall be shouldered by De La Salle Medical and Health Sciences Institute and that your school shall bill DLSMHSI accordingly.

Thank you very much.

Sincerely,

Manager

Approved:

Vice Chancellor for Academics

Note: This authorization letter must be secured by the employee applicant from the Lasallian Admission and Scholarship Opportunities two (2) weeks before enrollment.

cc: DLSMHSI Accounting Office, FILE