



## 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 LASO)*

Request Approved

Request Disapproved

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

For and on behalf of the Admissions Committee:

\_\_\_\_\_  
*Signature Over Printed Name*

\_\_\_\_\_  
Date

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

