



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

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

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 being a recipient of the St. La Salle
 Medical Education Benefit (SLMEB) for the ___ term of School Year _____.

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