



**CMLS FORM 106: REQUEST FOR LEARNING ASSISTANCE**

Name:

Signature:

Date:

Course, Year and Section:

I. Subject/s where Academic Deficiency was/were noted:

Lecture:

Laboratory:

Name and signature of Professor:

II. Factors from which Academic Deficiency can be attributed:

(Please check all that applies)

\_\_\_ Teacher Factors

\_\_\_ Student Factors

\_\_\_ Family Relationship

\_\_\_ Peer Relationship

Others, please specify: \_\_\_\_\_

\_\_\_\_\_

III. Brief details of factor/s where Academic Deficiency was attributed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# 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 COLLEGE OF MEDICAL LABORATORY SCIENCE

(To be filled-up by the class adviser/ subject teacher/ guidance counselor)

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Processed by: \_\_\_\_\_

Name and Signature of LAP student

Received by: \_\_\_\_\_

Dean

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dean

