



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

Entrance Scholarship Recommendation Form

This is to certify that _____
(Name of the student), is a Grade ____ (year level) graduate of
_____ (Name of school) at
_____ (Address).

In the entire graduating class composed of _____ (# of graduating students
in their batch) students, the applicant received the (High Honors / Highest
Honors) with a General Weighted Average of _____ (no decimal number):

Signature over Printed Name of the School Authorized representative

Position

Date

Note: This recommendation form is not valid without the official seal.