



DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE

ACADEMIC SERVICES
THE REGISTRAR
Admissions, Scholarships and Testing

ST. LA SALLE MEDICAL EDUCATION BENEFIT (SLMEB)

AUTHORIZATION LETTER FOR SLMEB ENROLLMENT

Date: _____

For: **The Scholarship Office**
The Registrar's Office
The Accounting Office
De La Salle University-Dasmariñas
City of Dasmariñas, Cavite, Philippines

I _____ (Name of Employee) from the _____ (Department/Office). Please accept the enrollment application of _____, who is under the St. La Salle Medical Education Benefit (SLMEB) for the _____ semester of School Year _____. He/She is enrolled in (course) _____ classified as (curriculum year) _____. The aforementioned scholar is entitled to a one hundred/seventy-five/fifty (100%/75%/50%) percent tuition fee discount.

Thank you very much.

Sincerely,

Manager

Approved:

Registrar

Note: This authorization letter must be secured by the employee applicant from The Registrar – Admissions, Scholarships and Testing Section (TRAST) two (2) weeks before enrollment.

cc: DLSMHSI Accounting Office, File