



OFFICE OF THE DEAN OF STUDENTS

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APPLICATION FOR STUDENT ASSISTANTSHIP

(THIS PORTION IS FOR THE STUDENT APPLICANT)

Semester: First Please check: [/] New a		_ applicant/Renewal	CIDO Idulia	Charge to Account No : 2
Name: AMPO, KYL.		Course/Year: BSCE	Stude	ent No.: 18-1-00975 F Age: 22
Do you have any scholars State exactly the time you	ship/grant? [] Yes: What are available for work:	nat scholarship/grant	?	L] No
Monday Tuesday Wednesd	=	8-11 8-9	2-5 2-5	JOE DESCRIPTION OF M
Thursday Friday		8-11	2-5 2-5	2 .
I HEREBY CERT information made in connaction or disqualification for	IFY that the information ection with my application orm future student emp	on for student assista	antship will be enough	ground/s for disciplinary
	(THIS PORTION	IS FOR THE REGIS	TRAR'S OFFICE)	Date
Certification of Academic	Performance and Load	(Mid-term grades ma	ay be used for short ter	rm jobs:
Subject Humn 11 Arct CEng 2006 CEng 149 CEnc 153 CEnc 155 CEnc 155 CEnc 155 CEng 201	7.0 1.0 4.0 3.0 3.0 3.0 3.0		Subject RESI 001	TS ENROLLED rent Term) ts Units

CERTIFIED CORRECT:

University Registrar

Total no. of units:

Vision: Mission: GPA:

9.0

Total no. of units: