

OFFICE OF THE UNIVERSITY REGISTRAR

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Telefax: +63 53 563 7067 or 565 0600; Local 1010 Email: registrar@vsu.edu.ph

Website: www.vsu.edu.ph

READMISSION FORM

Student No.	Last Name	Firs	t Name	Middle Name	Course & Year
18-1-01733	Modina	John	Michael	Mackenzie	BSES-3
					Date
Dean, College of					
/isayas State Uni /isca, Baybay, Le					
Sir / Madam:					
would like to ap	ply for readmission e	effective First	_semester / su	ımmer 20 <u>12</u> -20 <u>13</u> . My	/ last attendance from
	as first semester	/ summer 20	20 -20 21. 11	was out of school for	vee semesters a
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Recommending Dean of Stu	Approval: CORETO dents Head	ollege to which		Signature of Signa	of Student

Distribution of copies:, 1 Cashier, 1 Registrar, 1 Dean, 1 Dept. Head, 1 Admissions Office