

Last Name

Student No.

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

Middle Name

Course & Year

Email: registrar@vsu.edu.ph Website: www.vsu.edu.ph

READMISSION FORM

First Name

16-1-00371	BAUDONO	JORDAN	NUERA	BSA-4
VICTOR B. ACI	D			July 28, 2022 Date
Dean, College of <u>ko</u> Visayas State Unive Visca, Baybay, Leyto		Science		
Sir / Madam:				
I would like to apply for readmission effective first semester / summer 2022 -2023. My last attendance from this University was first semester / summer 2020 -2021. I was out of school for for semesters and				
summer(s) because of the following reason(s): financial constraints				
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If admitted I promise and pledge to abide by and comply with all the rules and regulations laid down by competent authority in the University and in the College to which I am enrolled.				
-	•		Idan	/
Recommending Ap	proval:		Signature of	Student
MANOLO B LORE Dean of Stude			Approved:	
PUTH O. GSC Department He			VICTOR F	e Dean
5				
Certified no financi	al accountability:		Recorded:	
QUEEN-EVER Y. ATUPAN Cashier			MARWEN A. CASTAÑEDA University Registrar	
Distribution of conies: 1 Case	hier, 1 Registrar, 1 Dean, 1 Dej	ot Head 1 Admissions Office		

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No.