

## **UNIVERSITY REGISTRAR**

1/F Administration Building Visca, Baybay City, Leyte Telefax: +63 53 563 7067; +63 53 565 0600 local 1010

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

## **READMISSION FORM**

Student No.	Last Name	First Name	Middle Name	Course & Year
15-1-01024	MARGATE	ROFL	GALAR	BSA - 4
		*:		December 2, 20
SUZETTE B. LINA Dean, College of Ag Visayas State Unive Visca, Baybay, Leyte		ence		
Sir / Madam:				
University was _2	semester / sum	ve2 ndsemester / summer mer 20_2 o -20_2 l . I was following reason(s):0 u	out of school for	
		by and comply with all the rule to which I am enrolled.	ules and regulations laid	d down by competent
Recommending Ap	proval:		Signature of	Student
CHRISTING A  CHONA A. BR  Dean of Studer	ATIA		Approved:	
LUZ 3. ASIO Department He	ad 10/1/24			E B. LINA e Dean
Certified no financi	al accountability:		Recorded:	
NICK FREDDY R. Accounting	BELLO		Linivoreite	Dagistras
Accounting			University	Registrar

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