

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	First Name	Middle Name	Course & Year
20-1-00019	ABEJERO,	JOSHUA MARTIN	QUIACHON	DVM2
6				FFD 04 2022
	¥			<u>FEB 04, 2022</u> Date
Dr. SANTIAGO T. F				
Dean, College of V Visayas State Univ	eterinary Medicine ersity			
Visca, Baybay, Ley				
				•
Sir / Madam:				
would like to app	ly for readmission effec	tive <u>2nd_semester</u> / summer	20212022. My last	attendance from this
Jniversity was 1s	t semester / summer 20	<u>20</u> -20 <u>21</u> . I was out of school fo	or <u>two</u> semesters a	andsummer(s)
pecause of the	following reason(s):	I had to find a job to	help my family fi	nancially during the
oandemic				
If admitted I prom	ise and pledge to abide	by and comply with all the rule	es and regulations lai	d down by competent
authority in the Un	iversity and in the Colleg	e to which I am enrolled.	1	
			-	2

MANOLO B. LORETO, JR. Dean of Students

Recommending Approval:

LOTIS M. BALALA Department Head

Certified no financial accountability:

QUEEN-EVER Y. ATUPAN Cashier College Dean

SANTIAGO T. PEÑA, JR.

Signature of Student

Recorded:

Approved:

MARWEN A. CASTAÑEDA University Registrar

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

Vision: Mission: