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OFFICE OF THE UNIVERSITY REGISTRAR

1/F Administration Building Visca, Baybay City, Leyte, 6521-A PHILIPPINES Tel: +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
17-1-00203	REPASA	RICHARD	BISHAR	BCA-4
and the agent	2			69 - 08 - 22
admirted i				Date
Dr. VICTOR	B. AS10			Date
Dean, College of A Visayas State Unive Visca, Baybay, Leyt	ersity	nd food science		
Stranger in				e.
Sir / Madam:				
A CONTRACTOR				
I would like to apply	y for readmission effe	ctive 114 semester / sur	mmer 2012 -2023. M	v last attendance from
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If admitted I promise	e and pledge to abide	by and comply with all the	rules and regulations la	id down by competent
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Recommending Ap	oproval:		Signature of	of Student
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Dean of Stude	ents		Approved:	
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RUTH O. ESCAS	MAI			
Department He			Colle	ge Dean
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Vision: Mission: