

OFFICE OF THE UNIVERSITY REGISTRAR

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READMISSION FORM

Student No.	Last Name	First Name	Middle Name	Course & Year
19 - 1-02475	CARIÑO	JEOVANN LE	PARAISO	BSA-1
Dean, College of _ /isayas State Univ /isca, Baybay, Ley	AGRICULTURE Versity			07/29/22 Date
Sir / Madam:				
this University wa	s 1/NI) semester /	summer 20 I wa following reason(s):	is out of school for 21	semesters a
admitted I promisuthority in the Uni	se and pledge to abide versity and in the Colle	e by and comply with all the rugge to which I am enrolled.	ules and regulations laid	d down by compete
Recommending A			Signature of	Student
Dean of Stude			Approved:	h~
SUZETE B. Department Ho				B. ASIO
ertified no financ	rial accountability:		Recorded:	
JUEEN-EVER				

Vision:

Mission:

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