



ST. LA SALLE MEDICAL EDUCATION BENEFIT (SLMEB)

AUTHORIZATION LETTER FOR SLMEB ENROLLMENT

Date: _____

For: **The Accounting Office/Cash Services Office**
This Institute
City of Dasmariñas, Cavite, Philippines

I _____ (Name of Employee) from the _____
(Department/Office). Please accept the enrollment application of _____, who is under the
St. La Salle Medical Scholarship Grant (SLSMSG) for the _____ semester of School Year _____.
He / She is enrolled in (course) _____, classified as (curriculum year) _____.
The aforementioned scholar is entitled to a one hundred /fifty (100% / 50%) percent tuition fee discount.

Thank you very much.

Sincerely,

Manager

Approved:

Registrar

Note: This authorization letter must be secured by the employee applicant from The Registrar – Admissions, Scholarships and Testing Section (TRAST) two (2) weeks before enrollment.

cc: DLSMHSI Accounting Office, File