



DECLARATION OF CITIZENSHIP

NOTICE TO THE PARENTS AND STUDENTS:

Please read the declaration statements carefully, check that which applies to you, and sign and submit the document to the The Registrar – Admissions, Scholarships and Testing Section.

I, _____ (name), incoming _____ (program applied) student of De La Salle Medical and Health Sciences Institute, hereby declare that as per records submitted to the The Registrar – Admissions, Scholarships and Testing Section:

- () I am a Filipino citizen by birth, a naturalized citizen or a national of the Philippines.
 () I am a Filipino citizen by birth, but born and raised at _____ (Country).
 () I am a _____ citizen by birth, a naturalized citizen or a national of _____ (Country).

Furthermore, I hereby certify to the best of my knowledge that I have read and understood the Policies and Guidelines on Admission and Registration of Students Holding _____ (Filipino / Dual / Foreign) Citizenship.

For Filipino / Dual Citizenship:

1. I am required to attend the regular Filipino & NSTP Class.
2. I shall take my board exam here in the Philippines.
3. I shall pay the Processing fee for Quarantine of Eight Thousand Two Hundred Ninety Four (8,294.00 Php) (for Senior High) / Eight Thousand Six Hundred Forty Six (8,646.00 Php) (for Undergraduate & Post Graduate) (for those applicants who are born and raised outside Philippines).
4. I am aware that I am only allow to change my declared citizenship on or before the end of first semester.

For Foreign Applicants:

1. I shall pay the Foreign Fee of Eight Hundred Fifty Dollars (\$850) (for Senior High & Undergraduate applicant) / Seven Thousand Dollars (\$7,000) (for Medicine applicant) (to be settled upon enrollment).
2. I am aware that the Foreign Fee is non-refundable and shall be forfeited should I decide to discontinue my studies in the Institute.
3. I shall pay One Thousand Seven Hundred Pesos (1,700 Php) for Special Filipino Class (for those applicant whose native language is not English specifically those coming from non-English speaking countries) (for Nursing and Medicine applicants).
4. I am required to attend the Alternative Filipino Classes scheduled during Saturdays.
5. I am required to attend meetings and general assemblies for all foreign students as scheduled by Center for Internationalization, Academic Affiliations and Engagements and other offices concerned.
6. I am required to complete and submit all the requirements e.g. Photocopy of Passport, Photocopy of Alien Certificate of Registration (ACR) and Certificate of Residence for Temporary Students (CRTS) Student Visa, duly accomplished Personal History Statement (PHS), etc. (as required by The Registrar).
7. I should coordinate with the Liaison Officer of The Registrar for the requirements set by the Bureau of Immigration.
8. I am aware that the renewal of my student visa is every six (6) months – one (1) year.
9. I am aware that the requirements for admissions should be completed and submitted before the enrollment schedule and issuance of the enrollment permit and registration form.

Sincerely,

SIGNATURE OVER PRINTED NAME OF APPLICANT

DATE

Conforme:

SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN

DATE

cc: Center for Internationalization, Academic Affiliations and Engagements, The Registrar, File