ACKNOWLEDGMENT LETTER (MEDICINE FOREIGN APPLICANTS)

DATE: _____

FOR: **The Registrar – Admissions, Scholarships and Testing Section**
                 De La Salle Medical and Health Sciences Institute
                 City of Dasmariñas, Cavite, Philippines

Dear Sir/Madam :

Greetings!

This is to inform your good office that we are duly informed and are submitting to the Admission Policies for Foreign Applicants of
De La Salle Medical and Health Sciences Institute The Registrar – Admissions, Scholarships and Testing Section. To wit:

1. The **Php 35,000.00** Reservation Fee is non-refundable and non-transferable should I decide to discontinue/withdraw my application. However, the aforementioned amount shall be deducted from my total tuition fees should I continue with my application and should I enroll during the regular period.
2. The Reservation Fee shall be forfeited should I decide not to enroll during the regular enrollment period scheduled by the institution.
3. The medical examination is a major requirement for admission to De La Salle Medical and Health Sciences Institute and the medical examination fee is non-refundable should I decide not to continue with my application.
4. I am giving my consent to the Student Wellness and Guidance Services Department (SWGSD) / The Student Affairs (TSA) to provide a copy of my psychological test result to the aforementioned parties for the purpose of helping me holistically as the need arises.
5. Payment of the Foreign Fee of **Seven Thousand Dollars ($7,000.00)** during enrollment.
6. If I decide to discontinue my study, the policy on dropping with refund shall be applied accordingly if covered by the dropping period.
7. There shall be no refund for the said fee should I decide to change my citizenship to Filipino.
8. I shall be 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.
9. I should coordinate with the Liaison Officer of The Registrar for the requirements set by the Bureau of Immigration.
10. The requirements for admissions should be completed and submitted before the enrollment schedule and issuance of the enrollment permit and registration form.

GENERAL REQUIREMENTS FOR ENROLLMENT

For incoming Medicine - applicants from DLSMHSI
1. Original NMAT Results
2. Photocopy of Birth Certificate
3. Certificate of Graduation or Photocopy of Diploma
4. Original Notarized Sworn Statement
5. 1 pc. 2x2 picture (white background)

For incoming Medicine - applicants from other school
1. Transfer Credential / Honorable Dismissal from previous school
2. Original NMAT Results
3. Photocopy Birth Certificate
4. Certificate of Graduation or Photocopy of Diploma
5. Original Certificate of General Weighted Average (GWA) / Certificate of General Pointed Average (GPA)
6. Original Notarized Sworn Statement
7. Certificate of Moral Character issued by the Student Affairs and its equivalent
8. 1 pc. 2x2 picture (white background)

For incoming Medicine - applicants from DLSU-Manila (Human Biology)
1. Photocopy of Birth Certificate
2. 1 pc. 2x2 picture (white background

Additional Requirements for Foreign Medicine applicants
1. Photocopy of passport/ Birth Certificate / NBI / Bureau of Quarantine / CEA
2. Photocopy of Alien Certificate of Registration (ACR) for permanent residents, native born, children of diplomats, or holder of any valid visa and Certificate of Residence for Temporary Students (CRTS)
3. Special Study Permit (SSP) for foreigners studying in the Philippines for less than a year or less than 18 years old (for foreign applicants).
4. Notarized Affidavit of Support to cover for student's accommodation and bank certification
5. Certificate of Completion for Improving Tagalog Communication Skills (Special Filipino Class) from Institute's Center for Internationalization, Academic Affiliations and Engagements (CIAAE)

Sincerely,

_____   _____
SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN   DATE

Conforme:

_____   _____
SIGNATURE OVER PRINTED NAME OF APPLICANT   DATE

cc: The Registrar, File