| Republic of the Philippines<br>TARLAC STATE UNIVERSITY<br>OFFICE OF REGISTRATION AND ADMISSION<br>ADMISSION UNIT<br>Tarlac City, Philippines |                              |   |               |                      |  |
|--|------------------------------|---|---------------|----------------------|--|
| NOTICE OF ACCEPTANCE   |                              |   |               |                      |  |
|  | 2nd Courser                  | ross-Enrollee Prof. Ed. Units           | Returnee      |                      |  |
| _  | ד 🗌 ד                        | ransferee Others:                       |               |                      |  |
| (1st / 2nd / M   | /lidyear) <b>SEMESTER,</b> ( | 3rd) TRIMESTER / ACADEMIC YEAR:         |               |                      |  |
| DEAN:  |                              |   |               |                      |  |
| COLLEGE:   |                              |   |               | Date                 |  |
| This University  |                              |   |               |                      |  |
| Dear Sir / Madam:  |                              |   |               |                      |  |
| I, Mr. / Ms.   |                              |   |               | hereby apply as      |  |
|  |                              | (Last Name, First Name and Middle Name) |               |                      |  |
|  | in your Colleg               | e, preferably in the Course             |               |                      |  |
| (APPLICANT TYPE)   | (APPLICANT TYPE)             |   | (COURSE API   | (COURSE APPLIED FOR) |  |
| Attached herewith are the pertinent  | documents for your cor       | nsideration and approval.               |               |                      |  |
|  |                              |   | SIGNATURE OVE | R PRINTED NAME       |  |
| RECOMMENDING APPROVAL:   |                              |   |               |                      |  |
| Credentials are with the ARO   |                              |   |               |                      |  |
| Subject to availability of slots   |                              |   | Head, Adr     | mission Unit         |  |
| ACTION TAKEN:  |                              |   |               |                      |  |
| APPROVED   |                              |   |               |                      |  |
| DISAPPROVED  | JISAPPROVED                  |   | Colleg        | College Dean         |  |
| Form No.: TSU-ORA-SF-14  | Revision No.: 00             | Effectivity Date: July 26, 2022         | Pag           | ge 1 of 1            |  |