

Republic of the Philippines TARLAC STATE UNIVERSITY OFFICE OF ADMISSION AND REGISTRATION ADMISSION UNIT Tarlac City, Philippines

		NOTICE OF ACCEPTANCE	
2	nd Courser Cros	s-Enrollee Prof. Ed. Units	Returnee
	Trans	sferee Others:	
(1st / 2nd / Midyear) SEMESTER, (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 College,	preferably in the Course	
(APPLICANT TYPE)			(COURSE APPLIED FOR)
Attached herewith are the pertinent	documents for your con	sideration and approval.	
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RECOMMENDING APPROVAL:			SIGNATURE OVER PRINTED NAME
Credentials are with the ARO			
Subject to availability of slots		-	Head, Admission Unit
ACTION TAKEN:			
APPROVED			
DISAPPROVED		_	College Dean
	Revision No.: 00	Effectivity Date: January 31, 2024	Page 1 of 1