

GRADUATE ENROLLMENT CONFIRMATION
(TERM 1, AY 2018-19)
Schedules and Procedures

2/F Enrollment Services Hub Lobby
Henry Sy, Sr. Hall
 Enter DLSU through Gate 2 (North)

1. To ensure a smooth processing of confirmation, **qualified applicants should observe strictly the Schedule (see Section A) and General Procedures (see Section B) below.**
2. The confirmation is intended to be done by the qualified applicant.
 - 2.1 Areas accessible by companions may be limited.
 - 2.2 A representative may be allowed to transact on behalf of the qualified applicant. An authorization letter and a valid ID will be asked from the representative.
3. Qualified applicants with incomplete documents (including, but not limited to, original copies of the Transfer Credential, Transcript of Records, and NSO Birth Certificate) **will not be allowed** to confirm enrollment.
4. Qualified applicants who fail to confirm and enroll on the designated dates **will be asked to postpone enrollment** to the next academic year. Effective Academic Year AY 2016 - 2017, postponing enrollment in programs offered once every academic year will no longer be allowed.
5. If a qualified applicant decides to defer enrollment before confirmation, he or she is requested NOT to participate in any confirmation and/or enrollment activity. He or she will be asked to fill out the Graduate Admissions Credentials Withdrawal Form (link: http://www.dlsu.edu.ph/admissions/graduate/_pdf/credentials-withdrawal-form.pdf) and submit to the Office of Admissions and Scholarships.
6. Qualified applicants who hold an international citizenship or dual citizenship are advised to go over the entries For Filipinos Born Abroad and Holders of International and Dual Citizenship (**see Section C**).
7. All qualified applicants will be asked to undergo a Physical Examination (**see Section D**).

A. Schedule

Group	Time				Special Cases
	8:00am - 10:00am	10:00am - 12:00nn	12:00nn - 2:00pm	2:00pm - 3:00pm	
Batch 1: 06 July (Friday) Batch 2: 16 July (Monday)	Last Name A to C	Last Name D to F	Last Name G to I	Last Name J to L	Special Cases
Batch 1: 07 July (Saturday) Batch 2: 17 July (Tuesday)	Last Name M to O	Last Name P to R	Last Name S to V	Last Name W to Z	Special Cases

Please see next page for **preliminary PROCEDURES and REQUIREMENTS** for

- International Students
- Students with Dual Citizenship
- Filipinos Born Abroad

B. General Procedures

Step	Activity	Document		Notes
		To Be Submitted	To Be Received	
1	Verification of Admission Requirements	<ul style="list-style-type: none"> • Letter of Acceptance to DLSU • Lacking Requirements, if any (e.g., Transfer Credential) 	<ul style="list-style-type: none"> • Stamped Letter of Acceptance with confirmation fee indicated 	<ul style="list-style-type: none"> • The Letter of Acceptance may be accessed on this link: https://my.dlsu.edu.ph/students/admresult/default.aspx • Please ensure that the name reflected on your acceptance letter is the same with your birth certificate/passport. • Qualified applicants are advised to check if their: <ul style="list-style-type: none"> a. complete name is correctly spelled as this will be printed on the student ID card. b. birth date, as it appears on the upper right hand corner of the front page, is correctly printed. • Students should already be in proper attire as early as the first step in time for the ID Picture Taking. • International applicants will be directed to the International Center Representative to obtain a Clearance before proceeding to Step 1.
2	Payment of Non-Refundable Confirmation Fee	<ul style="list-style-type: none"> • Stamped Letter of Acceptance with confirmation fee indicated 	<ul style="list-style-type: none"> • DLSU Official Receipt (for confirmation) 	<ul style="list-style-type: none"> • P5,000.00 – Confirmation Fee • Waived Confirmation Fee - for students on full scholarship • Checks will not be accepted.
3	Claiming of Confirmation Kit	<ul style="list-style-type: none"> • DLSU Official Receipt (for confirmation) 	<ul style="list-style-type: none"> • Confirmation Kit • Enrollment Confirmation Slip 	<ul style="list-style-type: none"> • Reprinting of ID due to name correction will be charged to the student's account.

4	ID Picture Taking	<ul style="list-style-type: none"> DLSU Official Receipt (for confirmation) 	<ul style="list-style-type: none"> The required attire for male is business attire (long or short-sleeved shirt with tie) while the required attire for female is any blouse or dress with collar and sleeves. All students are required to wear clothing that will contrast against a beige background. The ID In-charge <u>will refuse to take</u> the picture of students who will not comply with the required attire. The IDs will be distributed on enrollment day.
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C. For Filipinos Born Abroad and Holders of International and Dual Citizenship

- A representative from the International Center will be stationed at the venue during Confirmation.
- The Clearance for Confirmation will be issued only to qualified applicants with complete submitted/presented requirements.
- For International Students who will use other types of visa* (neither Student Visa nor Special Study Permit), students with Dual Citizenship, and Filipinos Born Abroad, submit the following documents to get the Clearance for Confirmation:

Activity	Document(s) To Be Submitted	
	International Students	Students with Dual Citizenship and Filipinos Born Abroad
Submission of the required documents	<p>Original copy</p> <ol style="list-style-type: none"> International Student Personal Data Sheet (use link below) Photo (colored, 2x2) <p>Photocopy (original to be presented)</p> <ol style="list-style-type: none"> Admission Letter from Office of Admissions and Scholarships Passport page with photo/details and stamp of latest arrival in the Philippines Visa (first issuance and extension) Annual Report Receipt for 2017 Any of the following (whichever is applicable): <ul style="list-style-type: none"> Alien Certificate of Registration (ACR) I-Card (front and back page) SRRV Card SIRV Card 	<p>Original copy</p> <ol style="list-style-type: none"> Personal Data Sheet (use link below) Photo (colored, 2x2) <p>Photocopy (original to be presented)</p> <ol style="list-style-type: none"> Admission Letter from Office of Admissions and Scholarships Any of the following: <ul style="list-style-type: none"> Philippine Passport Certificate of Recognition as a Filipino Naturalization Certificate as Filipino Foreign Passport (if applicable)

*Please refer to this link for the List of Visa Accepted for Study at DLSU:
http://www.dlsu.edu.ph/students/international/how_to_apply/valid-visa.asp
 A visa that is not on the list will be evaluated by the International Center

Electronic Forms

International Student Personal Data Sheet
<http://www.dlsu.edu.ph/students/international/requirements/personalinfo.pdf>

Personal Data Sheet
<http://www.dlsu.edu.ph/students/international/requirements/pds-dual-citizens-fil-born-abroad.pdf>

4. Qualified international applicants who will apply for Student Visa and/or Special Study Permit through DLSU must submit the following documents to get the Clearance for Confirmation:
- Application forms for visa conversion or SSP (available at the International Center)
 - DLSU Official Receipt of Payment for visa
 - PhP 14,700 for student visa conversion
 - PhP 9,000 for Special Study Permit
 - Two 2x2 photos with white background
 - Photocopy of Passport's biopage, stamp of latest arrival and validity of tourist visa (original passport to be presented during confirmation but to be submitted on a later date)

Reference: **Brochure – Visa Conversion Process**
<http://www.dlsu.edu.ph/students/international/requirements/visa-conversion-process.pdf>

NOTES:

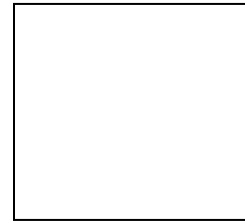
- A. Qualified applicants with Dual Citizenship but without substantial proof of Filipino citizenship must apply for Student Visa or Special Study Permit. Any of the following showing substantial proof of Filipino Citizenship may be submitted: (a) Philippine Passport, (b) Certificate of Recognition as a Filipino, or (c) Naturalization Certificate as Filipino
- B. Qualified International Applicants with valid visas and not falling under 3 and 4 must consult the International Center during the Confirmation for the documents to be submitted.
- C. For inquiries, please contact (+63.2) 525-6727 or (+63.2) 524-4611 (local 289), or email at erio@dlsu.edu.ph or visit the International Center, which is located at the St. Joseph Hall, Room 207.

D. Physical Examination

1. New Graduate students need to undergo the Entrance Physical Examination (EPE) as a requirement for official enrollment.
2. Medical, dental and chest x-ray examination results within the last 6 months, in relation to employment, if available may serve as the EPE. A photocopy of results with affixed 2" x 2" picture may be submitted to the Health Services Office after confirmation. In the absence of this, refer to item 3.
3. EPE may be done in any of the accredited clinics of De La Salle University at the expense of the student.
4. The following procedure in connection with the EPE must be observed:

Steps	Remarks
<p>[A] Fill out the Medical Examination Form (MEF) and Dental Examination Form (DEF).</p>	<p>The MEF and DEF are attached to these Guidelines for Graduate Students Enrollment.</p> <p>Attach a 2x2 color photo on the form</p>
<p>[B] Present the MEF and DEF to any accredited clinic</p>	<p>The list of accredited clinics is attached to these Guidelines for Graduate Students Enrollment. The examination fee varies from clinic to clinic. Physical and dental examination findings are documented on the MEF and DEF respectively. Except for additional chest x-ray procedure (if needed), further procedures like oral prophylaxis, are not mandatory.</p>
<p>[C] Submit filled-out MEF and DEF and the physical examination results to the Health Services Office, ground floor, Br. Connon Hall-SPS Building) from 02 July 2018 to 28 July 2018.</p> <p>* A grace period for the submission of medical forms will be implemented from 30 July 2018 to 04 August 2018, but a reminder will be flashed upon your entry at the school gates. <u>Non-submission of forms by 06 August 2018 will suspend your clearance to enter the campus.</u></p>	<p>The following must be submitted:</p> <ul style="list-style-type: none"> (a) Accomplished MEF and DEF (b) Chest X-ray film with official results <p>The requirements may be submitted, following the schedule below:</p> <p>Mondays to Saturdays : 08:00 to 11:00 13:00 to 16:00</p>

NOTE: Periodic Health Examination is done every year and is one of the requirements for re-enrollment in the next academic year. You are advised to regularly check your MyLasalle account for announcements.



MEDICAL EXAMINATION FORM

DATE: _____
ACADEMIC YEAR: _____

ID NUMBER: _____ COLLEGE: _____
 LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
 CONTACT #: _____
 CONTACT PERSON IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____
 CONTACT #: _____

AUTHORITY TO CONDUCT MEDICAL EXAMINATION

I, _____, _____ years old accept and understand that I am required to undergo a physical examination and chest x-ray to determine my fitness and well-being as a student. I fully understand that the results will be held as confidential medical records and will be used by the University for my care and treatment. My health information cannot be released to third persons except with my consent or unless the disclosure of the information is required by law. I also accept and understand that the procedures are requirements for the next academic year enrolment. I acknowledge that my medical records will be retained by the University for a period of 5 years from examination or health visit.

Signature of Student

PHEX Consultation Details

Physical Exam (to be filled-out by a nurse/doctor)

Blood Type _____
 Blood Pressure _____
 Resp. Rate _____
 Temperature _____
 Pulse Rate _____
 Height (in inches) _____
 Weight (in pounds) _____
 BMI (to be computed by the system) _____
 BMI Category-system-generated _____
 LMP (Female) _____
 Right Vision _____
 Left Vision _____
 Corrective Lens
 MROTC _____
 MPE _____

Medical History (updated)

1. _____
2. _____
3. _____
4. _____

Medications _____

Social History

- ___ Smoking
- ___ Drinking
- ___ Exercising

Findings

- Extremities
- ___ Left Handed
- ___ Right Handed

Diagnosis

Assigned Nurse

Examining Physician

Remarks/Recommendations

Physically Fit

For Clearance

Physical Findings	Abnormal Findings
EENT ___ Normal	
Head and Neck ___ Normal	
Breast ___ Normal	
Lungs ___ Normal	
Heart ___ Normal	
Neurologic ___ Normal	
Chest X-ray ___ Normal	
Abdomen ___ Normal	
Skin ___ Normal	
Drug test ___ Normal	



DENTAL EXAMINATION FORM

Dental Information

Assigned Dentist _____

Date _____

Academic Year _____

General Condition

Good oral hygiene

Presence of calcular deposits/plaque

Gingivitis

Pyorrhoeic

Denture wearer up

Denture wearer down

With ortho braces up

With ortho braces down

Wearing Hawley's retainers

Others _____

Other Remarks _____

UPPER RIGHT									UPPER LEFT							
8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	L/C	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Other resto mat	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PLJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PoJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Pontic	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Unerrupted	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RCT	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Impacted	1	2	3	4	5	6	7	8
LOWER RIGHT									LOWER LEFT							
8	7	6	5	4	3	2	1	With Caries	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Amalgam	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	L/C	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Other resto mat	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PLJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	PoJC	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Pontic	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Missing	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Unerrupted	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	For exo	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	TF	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Abutment	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	RCT	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	Impacted	1	2	3	4	5	6	7	8



Health Services Office

Accredited Clinics (as of May 2018)

A. AVENTUS CLINICS IN METRO MANILA

Tel 8403043 / 8400588 (connect to Sales and Marketing, local 1006)

Coordinator: Khryss Aubrey Y. Tumala

Website: www.ventusmedical.com

Clinics

1. ALABANG

2nd Floor Sycamore Arcs 1 Bldg. Buencamino St
Alabang-Zapote Rd. Alabang, Muntinlupa.

Tel (02) 556 3598; (02) 556 3596

Telefax (02) 556 3592

Mon – Sat 8 am to 4 pm

3. ORTIGAS

Ground Floor, Units 16 & 18-20, AIC Grande
Tower

Sapphire Road corner Garnet Street
Ortigas Center, Pasig City

Tel (02) 584 1013; (02) 570 9967

Fax (02) 584 2430

Mon – Sat 8 am to 4 pm

2. MAKATI

6th Floor Filomena Bldg. 104, Amorsolo St.
Legaspi Village, Makati City

Tel (02) 869 3289; (02) 519 6787,

(02) 715 3108

Fax (02) 817 2715

Mon – Sat 8 am to 4 pm

4. MANILA

5th Floor, Times Plaza Building
Taft corner United Nations Avenue
Ermita, Manila

Tel (02) 353 6808; (02) 353 6807

Fax (02) 559-7453

Mon – Sat 8 am to 4 pm

AVENTUS PROVINCIAL CLINICS

1. CALAMBA – SQA Clinic

Unit 201-203, SQA Corporate Center
National Highway Crossing, Calamba, Laguna

Tel (049) 306 0397, (049) 508 1806

Mon – Sat 8 am to 4 pm

2. CEBU

2nd Floor, Unit 203, TGU Tower
Phase 1, Asiatown I.T. Park

Apas, Cebu City

Tel (032) 268 8902; (032) 268 8072

Fax (032) 268 9236

Mon – Sat 8 am to 4 pm



Health Services Office

B. Hi-Precision Diagnostics

Tel 8639999 local 160, 139, 191, 2120

Mobile: 0925-7355341 (sun)/ 0977-8271816(globe), Until 5 pm only, Monday to Saturday

Coordinator: Ms. Mary Jane Comia (email address: mary.jane.comia@hi-precision.com.ph)

Website: www.hi-precision.com.ph

Clinics

1. Hi-Precision Diagnostics Kalaw Branch

G/F Room 102 San Luis Terraces 638 T.M. Kalaw
St. Ermita Manila

Tel 404-1441 / 523-9084 / 526-2329 local 105 or
109

Mobile Number 09228906687 / 09175782256

Fax 526 2329

Mon – Sat 6:00 am - 6 pm

Contact Person: Ms. Chery Roque

2. Hi-Precision Diagnostics – Retiro Branch

674 N. S. Amoranto Sr. Avenue Quezon City

Tel 415-2622 / 743-1730

Telefax 415-2622

Mobile Number 0922-8906663

Mon- Sat 6 am to 4 pm

Contact Person: Mr. Julius Ibaan

3. Hi-Precision International Taft Avenue

Branch 1852 Taft Avenue, Malate, Manila

Tel 405-0039 / 405-0135

Mobile Number: 0932-8908921 / 0917-8191761

Mon- Sat 6 am to 4 pm

Contact Person: Ms. Charito Fabre



Health Services Office

C. Healthway Medical

Telephone Number: 7206141 to 44

Coordinator: Mr. Kristian Allen Perez

Website: www.healthway.com.ph

All Clinic Hours: 7am-6pm Monday to Sunday

Clinics

1. Alabang Town Center

2nd Floor Alabang Town Center

Alabang Zapote Road Muntinlupa City

TRUNKLINE: 720-6102

Clinic Manager: FIDEVINA DAGUIO - 0917-5591356

Clinic Officer: LIZETTE FRANCISCO – 0977-8371008

Email Add: pcc.atc@healthway.com.ph

2. Festival Supermall

2nd Floor Pixie Forest Entrance

Filinvest City, Muntinlupa City

TRUNKLINE: 720-6104 / 850-4028

Clinic Manager: LINDA SISON - 0917-8831252

Clinic Officer: MA. CRISTINA "mac" CASTRO - 0917-7089309

Email Add: pcc.fm@healthway.com.ph

3. Greenbelt 5

4th Floor Greenbelt 5, Ayala Center, Makati City

TRUNKLINE: 720-6109 / 751-4929

Clinic Manager: REYNALYN TOMADA - 0917-6348276

Clinic Officer: CHRISTINE SARAH ENCINAS – 0917-8568463

Email Add: pcc.gb@healthway.com.ph

4. SM The Block

5th Floor The Block Building SM City North Edsa, Quezon City

TRUNKLINE: 720-6107 / 422-0364

Clinic Manager: CHERRY ILETO - 0917-7089309

Clinic Officer: AIA CACANINDIN - 0917-6368505

Email Add: pcc.sm@healthway.com.ph

5. Healthway Manila

Ground Floor 8 Adriatico Tower Padre Faura Cor. J. Bocobo, Manila

TRUNKLINE: 528-4556 / 720-6112

Clinic Manager: JEN SANCHEZ - 0917-8078381

Clinic Officer: PIA RAMOS - 0917-7086524

Email Add: pcc.rpm@healthway.com.ph

6. Market! Market!

4th Floor Market! Market! Bonifacio Global City, Taguig City

TRUNKLINE: 720-6114

Clinic Manager: LIZA DE LAS ALAS - 0917-8479726

Clinic Officer: Christy Ann Jordan Madamba - 09985797157

Email Add: pcc.mm@healthway.com.ph

7. Shangri-La Plaza

5th Floor Wellness Zone, Shangri-La Plaza, Ortigas Center, Mandaluyong City

TRUNKLINE: 910-4929 / 720-6119 / 910-4935

Clinic Manager: MILES CRISOSTOMO - 0917-8831239

Clinic Officer: JOCAS EIGHTREA ALEJANDRO - 0917-6504012

Email Add: pcc.sp@healthway.com.ph