

AGREEMENT FORM FOR COMPLETION OF REQUIREMENTS

| | s in all caps: | | | |
|---|--|---------------------|---------------------------|---|
| Last Name | | | | |
| Given Name | | | | |
| Middle Name | | | | |
| Academic Plan | | | Academic Year/ | |
| (Degree Code) | | | Term | |
| understand and a | area that given t | ha procent air | oumatanaas: | |
| understand and a | jiee mat given u | he present circ | cumstances. | |
| | | | if I have not submit | ted all the hard copie |
| the required | admission crede | entials. | | |
| 2 Lagree that | I will not be allo | owed to enroll | l in the succeeding | trimester if I fail to |
| | | | | Office of Admissions |
| | - | • | | (NOTE: Condition is |
| | | | | ès imposed by the |
| government | 1 | | | |
| 3 I certify that | am a | (choose one: | RS/RA/Dinloma/MA | VMS/PhD) graduate |
| | | | | om the last school I |
| | | | ned degree: | |
| (indicate na | ne of school) | | | |
| 4 Lundarstand | and agree that my | oprollmont will | ho automatically cance | elled and all the units I |
| | | | _ | sion credentials by the |
| | | | | nange depending on |
| endoi reim | ne measures im | ` II d . | | 0 . 0 |
| | ic measures im | posea by the (| government) | |
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| the quaranti Vith all the foregoing, a Salle University, in bligations provided ir | I shall hold free from y acceptance and this document. | om any liability, v | whether civil, criminal c | |

**Note: This form must be accomplished and submitted.

Date