



Student Assistantship and Resource Training (START) Program
AY _____ (☐Term 1 ☐Term 2 ☐Term 3)

Request Form for Renewal of STARTer

A. Host Department

Requesting Unit	
Office Location	
Contact Nos.	
Unit Head	
Signature	
Email address	

B. STARTer Details

FULL NAME OF STARTer	
ID NUMBER	
DEGREE & COLLEGE	
*Duration of Office Residency: START DATE	Click or tap to enter a date.
END DATE	Click or tap to enter a date.
Number of renewal/s	<input type="checkbox"/> First <input type="checkbox"/> Others: _____ <input type="checkbox"/> Second <input type="checkbox"/> Third

* Please refer to this link for policies on STARTer Working Hours and Conditions:
<https://www.dlsu.edu.ph/admissions/scholarships/grants/start/working-conditions/>
Note: Please attach the student’s EAF for the Term he is being renewed.

c. Responsibilities of the STARTer

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D. Requestor’s Details

Full Name	
Position	
Email address	
Signature	
Date	

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Approval Details (for the Office of Admissions and Scholarships)

Received/Reviewed by	Name: Date:
Approved <input type="checkbox"/>	Ms. Grichelle Prado Director Date:
Disapproved <input type="checkbox"/>	
Other Remarks	
Department Budget Clearance	