



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

STARTer REQUEST FORM

A. Host Department

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

B. Please enumerate responsibilities of the STARTer and Skills required.

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* Please refer to this link for STARTer ELIGIBILITY and RETENTION Requirements:
<https://www.dlsu.edu.ph/admissions/scholarships/grants/start/student-eligibility-and-retention/>

C. STARTer Details (For Pre-selected STARTer) / Please skip if OAS will conduct screening and placement.

Full Name	
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.

* 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 covering the hiring period/term.

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	