

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

Tarlac City, Philippines

NOTICE OF ACCEPTANCE FOR RETURNEE (GRADUATE SCHOOL MASTERAL, DOCTORAL)

	(1st / 2nd / 3rd) TRIM	ESTER, / ACADEMIC YEAR:		
DEAN:				Date
This University				Date
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.		
			SIGNATURE OVER PRINTED NAME Student Number:	
Recommending Approval:			Approved:	
College Dean		Head, Admission Unit		
Note: Please attach your most recent Re	eport of Grades (For Retu	rnee <u>)</u>		
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