

Silliman University
Dumaguete City

_____ Date

The Registrar and Admissions Officer
Silliman University
Dumaguete City

Sir:

I understand that my enrollment in the College/School of _____,
Silliman University for the _____ semester, SY _____, _____ is temporarily subject to the
following conditions:

- (a) That I am obligated to submit the following requirements for admission as
enumerated below:

- (b) That the above requirements shall be submitted on or before
_____;

- (c) That failure to comply the aforecited conditions shall invalidate my enrollment
in Silliman University;

- (d) That I shall not be allowed to enroll in the University for the ensuing term
without completing those credentials;

I certify to the correctness of the above statements with my full knowledge and belief.

(Student's Printed Name & Signature)

(Course & Year Level)

WITNESSES: _____
(Printed Name & Signature)

(Printed Name & Signature)

APPROVED BY: _____