



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
 Science City of Muñoz, Nueva Ecija

OFFICE OF ADMISSIONS

APPLICATION FOR RECONSIDERATION

_____ Date

The Dean
 College of _____
 Central Luzon State University
 Science City of Muñoz, Nueva Ecija

Sir/Madam:

This is to apply for a reconsideration of my enrollment this _____ Semester, SY _____ for the _____ degree.

I was given failing grade in the subjects listed below for unauthorized/unofficial dropping of said subjects during the _____ Semester, SY _____. This letter-request carries the signatures of my instructors/professors to certify that I received the grade of 5.00 due to prolong illness or medical treatment and not to poor class standing. I have attached a medical certificate to this effect.

Subject	Instructor/Professor		Date Signed
	Printed Name	Signature	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Very truly yours,

 (Signature over Printed Name)

To be certified by the Office of Admissions:	
CERTIFICATION	
This is to certify that _____	
<input type="checkbox"/> Has not requested for a reconsideration before <input type="checkbox"/> Has been granted a reconsideration to enroll during _____ Semester, SY _____	
_____ Student Record Evaluator (Signature Over Printed Name)	_____ Date Signed

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**ACTION TAKEN**

The request of \_\_\_\_\_ for reconsideration to enroll this \_\_\_\_\_ Semester, SY \_\_\_\_\_, pursuant to the provision of Section No. 4.16.5, Academic Regulations and Procedures (BR No. 15-2004), is hereby:

( ) APPROVED                      ( ) DISAPPROVED

*Distribution:*  
 College Dean  
 Office of Admissions  
 Student

\_\_\_\_\_  
 College Dean  
 (Signature over Printed Name)  
 \_\_\_\_\_  
 Date Signed