



Colegio de San Juan de Letran

151 Muralla Street, Intramuros, Manila, 1002 Philippines
Tel. No.: 8527-7693 to 97 loc. 331-335 Telefax: 82514179
Email: registrar@lettran.edu.ph * Website: http://www.registrar.lettran.edu.ph

GRADUATE SCHOOL
RETURNEE APP. FORM

OFFICE OF THE REGISTRAR

I.	PERSONAL INFORMATION																	
Student No.: Units earned: Program previously enrolled:																		
Name:																		
Last NameFirst NameMiddle Name																		
School year last attended: Semester: ☐ First ☐ Second ☐ Third Filed leave of absence: ☐ Yes ☐ No																		
Reason for discontinuance of study:																		
Did you enroll in another school while on Leave of Absence? ☐ Yes ☐ No																		
If yes, what school?																		
I hereby certify that the information given herein is true and correct. Any falsification of information on this form will automatically nullify my application and/or subject me to dismissal from the Colegio. Signature over-printed name / Date DO NOT WRITE BELOW THIS LINE																		
II.	SCREENING AND EVALUATION																	
Total units taken: Total units failed: Total units to be taken:																		
Remarks:																		
Evaluated by: Approved by:																		
DeanRegistrar																		
III.	SECURE CLEARANCE FROM THE FOLLOWING OFFICES:																	
<table><tr><td>Department</td><td>Remarks</td><td>Date</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>Guidance & Counseling</td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td>Student Accounts</td><td> </td><td> </td></tr></table>				Department	Remarks	Date				Guidance & Counseling						Student Accounts		
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Student Accounts																		
IV.	SECURE APPROVAL:																	
Dean Vice President for Academic Affairs [Note: VPAA approval is only necessary if the returnee will be accepted under probationary status or with a Memorandum of Agreement (MOA).]																		