



De La Salle-
College
of Saint
Benilde

ADMISSIONS CENTER

2544 Taft Ave., Manila, Philippines 1004
Tel Nos.: 526-7441 to 47 loc. 126, 220 & 221
Telefax: 524-8233
Email: admissions@dls-csb.edu.ph
Website: www.dls-csb.edu.ph/admissions
Office Hours: Mon.-Fri. 8:00am-12:00nn &
1:30pm-5:00pm /Sat. 8:00am-12:00nn

(As stated in Birth Certificate. Please PRINT or TYPE.)

Surname

First Name

Middle Name

Nickname

Gender Male Female

Date Filed

Printed Name and Signature of
Admissions Staff

REQUEST FOR RECONSIDERATION

- Submit this form together with the following documents to Admissions Center Counter 1 not later than _____:
 - photocopy of your status notification letter (bring original for verification)
 - photocopy of your fourth year report card indicating that you have completed the requirements for high school graduation (bring original for verification)
- Sign acknowledgement receipt below.
- Two working days after completing the steps above, make inquiries at Counter 1 regarding any additional documents and/or interviews that may be needed to complete the processing of your request.
- Verify the result of your request for reconsideration at the Admissions Center on _____.

Application is made as a

Freshman student Transfer student Working student 2nd undergraduate degree student

For the

1st Trimester 2nd Trimester 3rd Trimester Schoolyear _____ to _____

School _____ Years Attended _____ to _____

School Address _____

To the Admissions Center Director:

Please reconsider my application to De La Salle-College of Saint Benilde.

My reasons are as follows (Print or type your answer. Pls. attach additional sheet if necessary.)

If qualified, I would like to pursue the following programs at DLS-CSB:

First choice _____

Second choice _____

Attached are the photocopies of my (1) status notification letter from DLS-CSB and (2) fourth year report card.

Printed Name & Signature of Applicant

Printed Name & Signature of Parent(s)/Guardian

ACKNOWLEDGEMENT

This acknowledges that I have read and understood the procedures outlining my Request for Reconsideration. I am aware that 1) after two working days upon completing steps 1 and 2, I have to make inquiries at Counter 1 regarding any additional documents and/or interviews that may be needed to complete the processing of my request for reconsideration and 2) I have to verify the result of my request for reconsideration on _____ at the Admissions Center.

I also understand that Requests for Reconsideration are subject to the approval of the College Admissions Committee based on the applicant's qualifications and the availability of slots in the desired degree program.

Printed Name & Signature of Applicant

Date