DE LA SALLE UNIVERSITY-DASMARIÑAS
ACCEPTANCE FORM FOR TRANSFEREES

_____
Date

____ Semester, Schoolyear _____

Mr./Ms._____ has been accepted into the _____
(Surname) (First Name) (Middle Name) *(previous course/program)*

of the _____ as a transferee from _____,
(college) *(previous course/program)*

of the _____, located at_____.
(previous school)

LIST OF CREDITED SUBJECTS

Subjects taken from previous school	Grade	Units	Equivalent subjects in DLSU-D	Grade	Units	Approved by (Signature over printed name)

Approved by: _____ _____
Dean/Associate Dean Date
(Signature over printed name)

cc: Dean, Registrar, Student

Mr./Ms._____
(Surname) (First Name) (Middle Name)

LIST OF CREDITED SUBJECTS

Subjects taken from previous school	Grade	Units	Equivalent subjects in DLSU-D	Grade	Units	Approved by (Signature over printed name)

Approved by: _____ _____
Dean/Associate Dean Date
(Signature over printed name)