

COLLEGE OF BUSINESS ADMINISTRATION
DE LA SALLE UNIVERSITY-DASMARINAS
Dasmariñas, Cavite

Date

Mr. Deo Abiog
Controller
De La Salle University-Dasmariñas
Dasmariñas, Cavite

Sir:

My son/daughter, _____, a _____ student
(name of student) *(Year level)*
taking up _____, will take the PRELIM / MIDTERM
(Course)

examination on _____ for 1st / 2nd semester / summer of school
(Date of examination period)
year _____ .

Due to our financial constraints we cannot fulfill our obligation on time, but we promise
to pay his/her tuition and fees amounting to P_____ on or before

(Date of payment)

Respectfully yours,

(Parent/ Guardian Print Name)

(Parent / Guardian Signature)

Endorsed by :

Associate Dean / Dean

Date _____

(Note: Present Parent I.D. with clear signature.)