



PERMIT TO STUDY FORM

\_\_\_\_\_ Date

\_\_\_\_\_  
Vice President for Academic Affairs  
This University

Sir:

Request that I be allowed to enroll for \_\_\_\_\_ units this 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> Semester/Trimester of SY \_\_\_\_\_ exclusive of my Official assignment in this University.

School: \_\_\_\_\_ Address of School: \_\_\_\_\_  
Program: \_\_\_\_\_ Level of Accreditation: \_\_\_\_\_

Subject	Day	Time	Lec/Lab	

My official time is from \_\_\_\_\_ to \_\_\_\_\_. My current official assignment is as follows:

1. Administrative (Describe nature of work / designation):

2. Academic:

Regular TSU Load

Subject	Day	Time	Lec / Lab	

TSU Honorarium Class

Subject	Day	Time	Lec / Lab	

I am submitting the following information about myself:

1. Name \_\_\_\_\_ Civil Status \_\_\_\_\_  
2. Position \_\_\_\_\_ Actual Salary Per Annum \_\_\_\_\_  
3. Status of Appointment \_\_\_\_\_ Years in Service \_\_\_\_\_  
4. College / Service Unit \_\_\_\_\_

5. Performance Rating for the Last Rating Period \_\_\_\_\_

6. Educational Qualifications \_\_\_\_\_

College / University

Degree Pursued / Finished & Year Completed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Other Special Trainings \_\_\_\_\_

8. Physician's Recommendation (Once a year only) \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is physically fit to perform all the activities stated above.

\_\_\_\_\_  
Physician's License Number

\_\_\_\_\_  
Signature of Government Physician

9. I pledge that request to study at \_\_\_\_\_ to pursue \_\_\_\_\_ will not affect the performance of my regular duties and responsibilities at the Tarlac State University, and should there be a conflict between the former and the latter, I shall give up the former.

Very truly yours,

\_\_\_\_\_  
*Faculty*

Recommending Approval:

\_\_\_\_\_  
*Dean/Director*

\_\_\_\_\_  
*Sectoral Vice President*

Approved:

\_\_\_\_\_  
*Vice President for Academic Affairs*