

WEST VISAYAS STATE	
UNIVERSITY	

FORM

Document No.	WVSU-OSA-SOI-01-F05
Revision No.	0
Date of Effectivity:	July 10, 2015
Issued by:	OSA
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Semester, SY	
	Date:
THE PRESIDENT This University	
Sir/Madam:	
May I apply for the start/continuance of my Scholarship for the SY,, the requirements for the said scholarship. Thank y	Semester, I have complied with all
	Very truly yours,
Signa —	ature over Printed Name of Scholar
Recommending Approval:	Course/Year & Section
College Dean	
Action Taken: () Approved () Disapproved	
LEAH MAE C. CABALFIN, Ph. D. Dean, OSA	
PERSONAL DATA	
Name of Student: Birth Date: Birth Date: Complete Home Ac	_Course/Year & Sec.: Gender: Idress:
Scholarship enjoyed the previous semester:	



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ACADEMIC DATA			
Subject Taken (Previous Semester)	Grade	No. of Units	Instructor
		-	
			_
GPA:	To	otal:	Certified Correct:
			Adviser
To whom it may concern:	CERTIFIC	CATION	
•	1		la a visa a
This is to certify that obtained a GPA of	in the Colle	an of	naving
semester, SY		 Ha/Sha i	s entitled to a free tuition
only forsemeste	er SY	110/0110 1	(Art 117 Sec 4
University Code).	,,, O I		
		Directo	or Admissions and Records

Note: GPA 1.5, no grade lower than 2.0