**REQUEST TO ENROLL PENALTY COURSES FOR RESIDENCY REQUIREMENT**

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

Date

Dean, Graduate School

Visayas State University

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_;

The undersigned would like to request to enroll the following penalty courses this \_\_\_Semester, SY \_\_\_\_ for residency requirement:

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

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Very truly yours:

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

Name of Graduate Student

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

Degree/Course

Recommending Approval:

Graduate Advisory Committee

APPROVED:

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

Dean, Graduate School

Date: