



Department of Education
Region III
DIVISION OF CITY SCHOOLS
Angeles City



Jesus Street, Pulungbulu, Angeles City
Tel. No. (045) 322-5722; 888-0582; 322-4702 / Fax Nos. (045) 887-6099

APPLICATION FOR PERMISSION TO STUDY

Name of Applicant: _____ Position: _____
Civil Service Eligibility: _____ Civil Service Status: _____
Name of School where employed: _____ Barangay: _____
City/Municipality: _____ Civil Status: _____
Distance in kilometers between official address and college where enrolled: _____

(Name and location of College/University where Applicant wishes to enroll)

Course Applied for: _____
Academic Year: _____ Quarter /Semester / Summer: _____
(1st, 2nd, 3rd, 4th)

Course/Subjects to be taken this term and schedule:

SUBJECTS	DAYS OF THE WEEK	HOURS OF THE DAY		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
	Credit/s or unit/s towards	ETC	BSE	MA
	Total No. of units previously	_____	_____	_____
	No. of units to be earned this			
	Quarter /Semester / Summer	_____	_____	_____

I hereby certify that I have carefully read Circular No. 17, s. 1960 dated June 20, 1960 and Division Letter No. 01, dated January 4, 2012, and the information of the next page of this form, all the provision of which I am bound to observe very strictly, I understand that the regulations on the outside study of teachers are intended primarily to safeguard the health of the teachers as well as, of course to maintain their efficiency in the service. I also understand, that it is in the opinion of the Schools Division Superintendent the study affecting adversely efficiency as a teacher in this permission shall revealed.

Date Submitted: _____ Signature of Applicant: _____

APPROVAL RECOMMENDED:

The undersigned shall require strict compliance by the applicant with all the existing rules and regulations regarding permission to study and should hold responsible for any undue in forwarding the application to the office, doing satisfactory work with an efficiency rating of 'ABOVE AVERAGE' or higher, the applicant will be required by me to submit through this office, to the Schools Division Superintendent as certified true copy of the report of the rating obtained in the course which should attend to outside study not earlier than thirty minutes after the afternoon session the public school.

Date Submitted: _____ Signature: _____
(District Supervisor/Secondary School Principal)

APPROVED:

Date: _____
Permit No.: _____

Schools Division Superintendent