1. To ensure a smooth processing of confirmation, _____

International applicants are advised to go over the entries for Non-Filipino Applicants in the attached Appendix. For questions/concerns on citizenship-related requirements, email erio@dlsu.edu.ph

Note: will be classified as International Students. Hence, they must secure a Visa Clearance at IC before their scheduled confirmation for enrolment and will be required to apply for Student Visa or Special Study Permit (if applicable). In order to be classified as Filipino student with dual citizenship (Filipino as primary citizenship), the applicant must submit to the OAS any proof of Filipino recognition such as issued by the Philippine Bureau of Immigration or a issued by the Department of Foreign Affairs.

13. Applicants who are awarded scholarships are also to notify the OAS if they will not pursue their enrollment during the term to allow OAS to remove them from the list of scholarship grantees. Applicant records will continue to exist if one fails to notify OAS and may result in failing grades due to non-cancellation of enrollment.

    The decision for scholarships will be made after confirmation.

14. tbyiowbonln t onted

Payment of the P10,000.00 Non-Refundable Confirmation Fee	x	-rpnf-12.2innf-5.30

		based abroad - Transfer Credentials - Photocopy of Diploma/Certificate of Graduation if last school attended is based abroad - Signed Undertaking (link: https://www.dlsu.edu.ph/wp-content/uploads/pdf/oas/graduate/col-undertaking.pdf		
	Claiming of Confirmation Kit	x DLSU Official Receipt (for confirmation)	x Confirmation Kit x Enrollment Confirmation Slip	x The Confirmation Kit contains copies of the following: (1) Pre-Enrollment Guidelines and (2) Orientation Flyers.
	ID Picture Taking	x DLSU Official Receipt (for confirmation)		

>>> TO BE DONE BEFORE STEP 1 OF GENERAL PROCEDURES <<<

1. Please refer to the resource link below for the list of visas accepted for study at DLSU. Other visas not included on the list will be subjected for evaluation and approval.

2. The Office of the Vice President for External Relations and Internationalization (OVPERI), through the , evaluat

d. Joint letter of request to BI for 9F Visa Conversion (Template letter will be provided by the IC)

5. International Student (IS)-applicants aged below 18 years who will enroll in a degree program must secure a l Please refer below for the initial list of “Documentary Requirements” to be submitted at IC prior or during the confirmation period:

   a. Copy of Acceptance/Offer Letter issued by the Office of Admissions and Scholarships (OAS)

   b. Copy of valid passport pages bearing the bio-page and latest admission with valid authorized stay

   c. Duly accomplished IC Personal Data F9 (ow)-0t

period by IC Staff or can be obtained at IC)

h. Official Receipt of 9F Visa Extension payment (Php16,200)

Additional documentary requirements must be processed and submitted by the IS-applicant at IC during the

General Consolidated Application Form (BI Form) for Student Visa Conversion
https://drive.google.com/file/d/1-q0ospTcrKfxOHn321VA1nBQblhVuXrT/view?usp=sharing

General Consolidated Application Form (BI Form) for Student Visa Extension
https://drive.google.com/file/d/1AREXPpl5eIv58rUNZXZ-b2N5y2xHkBoP/view?usp=sharing

General Consolidated Application Form (BI Form) for Special Study Permit
https://drive.google.com/file/d/1pr0pkTne132ZXQ92wGekdKvkQ69MQwm3/view?usp=sharing

Personal Data Sheet for International Students
http://www.dlsu.edu.ph/students/international/requirements/personalinfo.pdf

IC Application Form for Student Visa Conversion and Special Study Permit
https://www.dlsu.edu.ph/wp-content/uploads/pdf/students/international/ic-form-consolidated-9f-ssp-2018.pdf

As of 22 March 2023

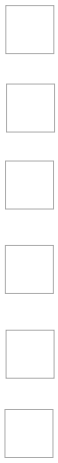
Payment of Confirmation Fee	Office of the Financial Officer (OCFO)	cashiers@dlsu.edu.ph ocfo.studentservices@dlsu.edu.ph
Visa Clearance	Office of the Vice President for External Relations and Internationalization (ERIO International Center (IC)	

Health Services Office

MEDICAL EXAMINATION FORM

ENCODED BY: _____ DATE: _____
(To be filled out by HSO staff) SCHOOL YEAR: _____

ID NUMBER: _____ COLLEGE: _____
LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME:_____
CONTACT#: _____
CONTACT PERSON IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____
CONTACT#: _____

AUTHORITY TO CONDUCT MEDICAL EXAMINATION

I, _____, ____years old accept and understand that I am required to undergo a physical examination and chest x-ray to determine my fitness and well-being as a student. I fully understand that the results will be held as