



Center for Admissions

2544 Taft Avenue, Manila, Philippines 1004
Tel Nos: (+63) 2 8230-5100 1801 to 1803
Email: admissions@benilde.edu.ph
Website: www.benilde.edu.ph
Office Hours: Monday-Friday 8:00am-12:00nn
& 1:30pm-5:00pm

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender Male Female

Date Filed: _____

Request for Reconsideration Form

1. Submit this form to the Center for Admissions not later than _____.

2. Sign acknowledgement receipt below.

3. Verify the status of your request on _____.

Printed Name and Signature
of Admissions Staff

Additional document and/or interviews may be needed to complete the processing of your request.

Application is made as a

Freshman student Transfer student Working student 2nd undergraduate degree student

For the

1st Trimester 2nd Trimester 3rd Trimester School year _____ to _____

School _____ Years Attended _____ to _____

School Address _____

To the Center for Admissions

Please reconsider my application to De La Salle-College of Saint Benilde.

My reasons are as follows (Print or type your answer. Please attach additional sheet if necessary.)

If qualified, I would like to pursue the following programs at Benilde.

First choice _____

Second choice _____

Printed Name & Signature of Applicant

Printed Name & Signature of Parent(s)/Guardian

ACKNOWLEDGMENT SLIP

This acknowledges that I have read and understood the procedures outlining my Request for Reconsideration.

I am aware that I can verify the status of my request at the Center for Admissions on _____.

I also understand that my Request for Reconsideration is subject to the approval of the College Admissions Committee based on my qualifications and the availability of slots in the desired degree program.

Printed Name & Signature of Applicant

Date