
	<h2>Quality Form</h2>		Document Code: OSDS-ADMIN-ADMIN-001 Revision: 00 Effectivity date: 08-20-2018
	<h3>PERMIT TO STUDY</h3>		Name of Office: <b>OSDS-ADMIN-ADMIN</b>

Status:  New Student  Old Student

Name of applicant: \_\_\_\_\_ Position: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Family Name, Given Name, Middle Initial)

Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name & address of school/office where employed: \_\_\_\_\_

Subject/s & Grade/s level presently handled: \_\_\_\_\_

Name & address of school where enrolled: \_\_\_\_\_

School Year: \_\_\_\_\_ Semester (Pls. check): 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Summer \_\_\_\_\_

*(Course to be taken and schedule of classes: (COMPLETE the needed information based from registration/enrollment form given)*

Subject Code	Subject Description	Day of the week	Time	No. of units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Note: Strict compliance of a maximum of nine (9) units to enroll every semester except for graduating students.*

Credit or units earned	M.A. / M.S.	Doctorate	Others:
TOTAL number of units earned: _____	_____	_____	_____
Number of units to be earned this Semester / Term: _____	_____	_____	_____

I hereby certify that I have read Circular No. 17, s. 1960, dated June 20, 1990" REGULATIONS OF TEACHERS", and have the instructions given on the reverse side hereof, all the provisions of which I am bound to observe strictly. I shall submit to the Schools Division Superintendent, through channels, certified true copy of the report of rating I shall obtain in the course during the semester including the number of units earned. I understand that my efficiency as a teacher is adversely affected, the permission will be revoked. I shall follow strictly the maximum study load. I also know that I shall not be late in returning to my station for my daily work. I shall attend to my study not earlier than 30 minutes after the intended primarily to safeguard my health as well as maintain my efficiency in the educational service.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

**APPROVAL RECOMMENDED**

I, the undersigned, certify that the applicant is doing satisfactory work with an efficiency rating of **"Very Satisfactory" (3.500 – 4.499)** or higher, that I shall be held strictly responsible for any undue delay in forwarding the application to the Superintendent if the application is filed on time, that I shall recommend the revocation of this permission if the application violates any or all regulations given in Circular No. 17, s. 1960.

\_\_\_\_\_  
Print Name and Signature of Principal / School Head/ Supervisor

\_\_\_\_\_  
Date:

For Schools Division Office Staff Only	
<b>PERMIT NO.</b> _____	
<b>APPROVED:</b> This permit expires on: 1 <sup>st</sup> _____ 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____ Summer _____ S.Y. _____	
For the Schools Division Superintendent: <b>SORAYA T. FACULO PhD, CESO VI:</b>	
<b>NIEVES D. EBANIO</b> Administrative Officer V	

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**GUIDELINES ON SECURING PERMIT TO STUDY AS PER DIVISION MEMO NO.100, S.2015 and DIVISION MEMO NO.218 S.2015**

**Requirements in applying for Study Permit:**

**One (1) set only as follows:**

1. Permit to Study form (2 copies)
2. Enrollment form (1 copy)
3. Certificate of official grades obtained during the last semester attended for old students (1 certified true copy)

**Reminders:**

1. Secured permit to study shall be submitted at the Administrative Section **not later than one (1) month** after enrolment in the institution he/she will study, duly signed and approved by his/her School Head for Teachers and non-teaching personnel; Supervisors for Division Office employees.
2. Descriptive rating is Very Satisfactory (3.500-4.499) or higher.
3. Maximum of Nine (9) units allowed per semester.

**Instructions:**

1. If this form is to be downloaded from the internet, please print on both sides of the paper ("Back to back").

\_\_\_\_\_  
Applicant's Signature/Date