University of the Philippines Manila Padre Faura St., Ermita, Manila

					Date	
Direct	SA N. JOSON, MA for, Office of Student A rsity of the Philippine				Dau	
Dear A	Asst. Prof. Joson: I would like to recon	nmend the appointm	ent / renewal of aj	ppointment of	f	
studer	nt from the College of _	, as	student assistant		h) (date) (year) up to (n	
						, (,) (,
					Very truly yours,	
					Department/Divis	sion Head
Endor	sed by:					
Dean/l	Director/Head of Unit					
Γo be fil	lled up by OSA		Αι	ction Taken:	[] Approved	
					[] Dis-approved	
					ESSA N. JOSON, I r, Office of Student	
		Padro	CE OF STUDENT A e Faura St., Ermita, I C ASSISTANT APPO	Manila		
	() (Original	() Reappo	intment	() Renewa	ıl
1.	Name:		Student No.	: I	Date of Birth:	Gender:
	(Surname, Email Ad.: No. of Units enrolled for	First, A College: or this Sem/Midvear:	Degree:	Contact No.:_ Weighted Aver	ST Syste	m Discount:
2.	Salary Authoriz			Appointment: _		
	Unit/Office Assigned: Name of Student Assistant to be replaced:					
3.	Endorsed by:				•	
		Chairman			Da	ite
4.	Recommended by: _	Head of Unit		Da	nte	
5.	Endorsed by: ODESSA N. JOSON, MA Director, Office of Student Affairs				Da	nte
6.	Budget Clearance:	LOVELLE C. SAG	<u>UID</u>			
	Ç	fice		Da	ite	
7	Approved for the Ch	ancellor: BFRNADFT	TE HEIZEL M. RE	YES MD MHE	PF4	

Vice Chancellor for Academic Affairs

Date