



Republic of the Philippines
Benguet State University
OPEN UNIVERSITY

La Trinidad, Benguet 2601

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Date: _____

THE DIRECTOR
Open University
Benguet State University
La Trinidad, Benguet

Madam/ Sir:

This is to give permission to Mr./Ms. _____, an
employee of this agency

(Name and address including email or tel. no.)

to enroll _____ this First Second
(Course taken)

Semester, School Year 20__ to 20__.

Very truly yours,

Supervisor
Signature over printed name