



Benguet State University
OPEN UNIVERSITY
La Trinidad, Benguet 2601



_____ Date

THE DIRECTOR

Open University
Benguet State University
La Trinidad, Benguet

M a d a m/ S i r :

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 semester, 200__
to 200__.

Very truly yours,

Name and Signature of Agency Head