



Republic of the Philippines
Benguet State University
Open University
La Trinidad, Benguet 2601
www.bsu.edu.ph

Date: _____

THE DIRECTOR
Open University
Benguet State University
La Trinidad, Benguet

Madam/ Sir:

This is to give permission to Mr./Ms. _____
Name
an employee of this agency _____
Name and address of Agency/Institution
To enroll in _____ for this () first () second semester,
Course Taken
School year 20__ to 20__.

Very truly yours,

Agency/Institution Head
Signature over printed name
Date: _____

BSU CARES

Challenge innovation, Advance technology and facilities, Revitalize administration,
Engender partnership, Serve in sustaining intergenerational roles