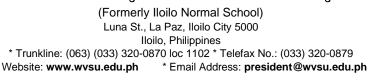
West Visayas State University





OFFICE OF THE PRESIDENT

PERMIT TO ENGAGE IN LIMITED PRACTICE OF PROFESSION

(Original/Renewal)

NAME:CAMPUS:COLLEGE/DEPARTMENT:				
			STATUS OF APPOINTMENT:	
A.	State briefly the exact nature it. Explain how it will serve the		nited practice of profession and the re of the University.	ason/s for engaging
В.	Indicate the time and days of involvement (approximate number of hours to be spent in the Practice of Profession or the time schedule).			
C.	Indicate the office, school, and place where the Practice of Profession will be done.			
app Reg	ereby abide by the rules and re proved by the President and th gents governing the limited pra pression:	e Board of	4. Recommending Approval:	
Signature Over Printed Name			HRMO Head	Date
2.Red	commended by:		5.Recommending Approval:	
3.Enc	Immediate Supervisor	 Date	VP of Concerned Unit 6. Approved:	Date
-	Dean/Director/Unit Head	 Date	University President	 Date

^{*} Attachment: Letter of Invitation from the agency or institutions concerned (if any).