



Republic of the Philippines
ASIAN SEMINARY OF CHRISTIAN MINISTRIES
By-Pass Rd., Brgy. San Vicente II, Silang, Cavite 4118
www.ascm.edu.ph

OFFICE OF THE REGISTRAR

REQUEST FOR PROGRAM ASSESSMENT

(For Out-of-School Students / Students who did not continue)

INSTRUCTIONS:

Please fill up the form and pay P300 transaction fee.
Deposit payment to ASCM BPI Account 8500 0141 14 and send proof of payment
to cashier@ascm.edu.ph cc: orlando.aton@ascm.edu.ph

OR# _____
(Write the OR# here issued by the Cashier)

Full Name _____

Last Name

First Name

Middle Name

Program _____

Year Admitted _____

Year Dropped _____

Reason for dropping/leaving _____

Current Church Involvement Background

Church Name _____

Pastor's Name _____

Current Ministry Involvement _____

Requested by: _____

Date Requested _____

Signature over printed name

An updated curriculum w/ assessment will be emailed to you within 5-7 days upon receipt of the request form.

Do not write anything below this line.

Student's Name _____

Program _____

Total No. of Units Earned _____

Total No. of Lacking Units _____

Remarks _____

Assessed By: _____

REGISTRAR