*ANNEX J*

*CAV FORM 10-REQUEST FORM (RF) FOR ALS A&E AND PEPT RATINGS*

***Republic of the Philippines***

***Department of Education***

***Region X***

***Division of El Salvador City***

 *Control No.: \_\_\_\_\_\_\_\_\_\_\_*

 *Date of Application: \_\_\_\_\_\_\_\_\_\_\_*

 *Date of Release: \_\_\_\_\_\_\_\_\_\_\_*

*REQUEST FORM FOR RESULTS OF RATING ON:*

*( ) ALTERNATIVE Learning Systems Accreditation & Equivalency Test*

*( ) Philippine Educational Placement Test*

*NAME OF LEARNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PRESENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CONTACT NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DATE OF EXAMINATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PLACE OF EXAMINATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PURPOSE: (Please check any of the following):*

🞎 EMPLOYMENT ABROAD 🞎 FIANCE VISA 🞎 STUDENT VISA

🞎 SEAMAN'S BOOK/SRC 🞎 TOURIST VISA 🞎 DESCENDANT'S VISA 🞎 MIGRATION ABROAD 🞎 REIMBURSEMENT OF EDUCATIONAL  *ALLOWANCE/TUITION FEES OF CHILDREN OF OFWs*

🞎 SUCH OTHER PURPOSE AS MAYBE REQUIRED BY THE DFA

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Signature Over Printed Name*

 *(Applicant/Representative)*