



EMILIO AGUINALDO COLLEGE

1113-1117 San Marcelino St., Paco, Manila 1007, Philippines www.eac.edu.ph (02) 8521-2710

Virtue ♦ Excellence ♦ Service



LETTER OF UNDERTAKING AND WAIVER (Local Student for School of Medicine)

I, _____, _____, of legal age and residing
Family Name, First Name, Middle Initial *Nationality*

at _____ hereby state;
Address

- I am enrolling in _____ at Emilio Aguinaldo College (EAC), Manila;
Degree Program
- I have graduated/ transferred from _____ ;
Name and place/location of school last attended
- As of date of this Undertaking, I have not submitted the following admission document(s)/ record(s) [Please put a check mark (✓) whichever is applicable]:

<input type="checkbox"/>	Official Transcript of Records (Undergraduate, Graduate- if any)	<input type="checkbox"/>	Certificate of Transfer Credential/ Honorable Dismissal (for transferee only)
<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Course Description (for transferee only)
<input type="checkbox"/>	Certificate of Graduation	<input type="checkbox"/>	NBI Clearance
<input type="checkbox"/>	Certificate of General Weighted Average (GWA)	<input type="checkbox"/>	Marriage Certificate (for married female applicant only)
<input type="checkbox"/>	2 Certificates of Good Moral Character or Recommendation Letters from Previous Teachers	<input type="checkbox"/>	4 copies of 2x2 colored picture (with name tag on white background)
<input type="checkbox"/>	PSA Birth Certificate	<input type="checkbox"/>	Long brown envelope with plastic envelope
<input type="checkbox"/>	NMAT Result	<input type="checkbox"/>	Long white folder with fastener

- I am aware that the aforementioned document(s)/ record(s) is/are requirements for my acceptance at EAC, Manila. I am also aware that I have been provisionally accepted subject to the condition that the picture or scanned copies of the aforementioned document(s)/ record(s) will be submitted through email within five (5) working days, and that the original copies will be submitted to the **EAC School of Medicine Admissions Office** within thirty (30) working days or as may be further prescribed by the said office.
- If I fail to submit the aforementioned document(s)/ record(s) to EAC, Manila, I shall give EAC-Manila the right to withhold my enrollment, or as may be applicable, withhold the release of all my credentials/ Transcript of Records/ Diploma.
- In addition, I understand that I am enrolling at EAC which is an educational institution where online teaching is part of the school program. I also understand that online learning program is internet and WiFi based and will require the availability of electronic gadgets and equipment and the accessibility of the students to reliable internet connection. EAC shall not provide the students with the electronic gadgets and the accessibility to the internet. The availability of such gadgets and accessibility to the internet shall be for the account of, at the expense of, and the responsibility of the individual student and not by the school. Consequently, I shall hold EAC, its officers and staff free and harmless from any liabilities arising from my lack of gadgets and equipment or access to reliable internet connection in relation to the online learning program of the school.
- Furthermore, I hereby waive any right of action against EAC, Manila, its affiliates, representatives, agents and/ or any of its duly constituted officers / employees in the event that I will not be allowed to graduate because of my failure to submit the **original copy** of the aforementioned document(s)/ record(s) within the given period and/ or meet the above conditions.

By affixing a check mark beside my name, I hereby expressly agree that I have read the entire content of this Undertaking and I fully understand its nature and purpose, and I agree to be legally bound by it.

Done this _____ day of _____, year 20__ in the City of Manila, Philippines.

[] _____
Name of Student

