



Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OF ABRA

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DIVISION MEMORANDUM
No. 371 s. 2023

September 18, 2023

GUIDELINES ON APPLICATION FOR PERMIT TO STUDY

To: Asst. Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Elementary and Secondary School Heads
Teaching and Non-Teaching Personnel
All Others Concerned

1. This is to reiterate the provisions of DECS Order No.56, s.1984, Department Circular No. 17, s.1960 and other related issuances that officers, teachers, and other personnel who wish to study leading to any degree must secure permit to study from the head of agency to ensure that outside study will not impair performance of their functions. It is reminded that compliance with the work hours in a week is mandatory. For teachers, the requirement is six (6) teaching hours and two (2) hours for classroom-related activities daily for five days a week per Section 13 of RA 4670.
2. Below are the guidelines in securing permit to study:
 - a) Application of permit to study in three (3) copies to be submitted to the Office of the Schools Division Superintendent thru the Administrative Services Unit not later than one (1) month after enrolment signed by the School Head for teachers and immediate superiors for non-teaching personnel.
 - b) Performance rating should be VS (3,500-4,499) or higher.
 - c) Maximum of nine (9) units per semester or summer should be strictly observed. Teachers who are candidates for graduation may be allowed to enroll more than 9 units provided that these are the remaining units needed to finish the course.
3. This guideline shall be effective immediately. Attached is the Study Permit form.
4. For your information, guidance and dissemination.


AMADOR D. GARCIA SR. PhD, CESO VI
Schools Division Superintendent

Ouds/ admin/ jbp/ jyl



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**DEPARTMENT OF EDUCATION
SCHOOLS DIVISION OF ABRA
Bangued, Abra**

TEACHER APPLICANT FOR PERMISSION TO DO OUTSIDE STUDY

Status: New Student Old Student

Name: _____ Position: _____ Sex: _____
(Family Name, Given Name, Middle Initial)

Contact Number: _____ E-mail Address: _____
Name & Address of school/office where employed: _____

Subject/s & Grade/s level handled: _____
Name & Address of school where enrolled: _____

School year _____ Semester (Pls check): 1st _____ 2nd _____ 3rd _____ Summer: _____
Course to be taken and schedule of classes: (COMPLETE the needed information based from registration/enrollment form given)

<u>Subject Code</u>	<u>Subject Description</u>	<u>Day of the Week</u>	<u>Time</u>	<u>No. of Units</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Strict compliance of maximum of nine (9) units to enroll every semester except for graduating students

Credits or units earned	M.A. / M.S.	Doctorate	Others:
TOTAL number of units earned: _____	_____	_____	_____
Number of units to be earned this Semester/Term: _____	_____	_____	_____

I hereby certify that I have carefully read Circular No. 17, s. 1960, dated June 20, 1960 "REGULATIONS OF TEACHERS", and have the instructions given on the reverse side hereof, all the provisions of which I am bound to observe strictly. I shall submit to the Schools Division Superintendent, through channels, certified true copy of the report of rating I shall obtain in the course during the semester including the number of units earned. I understand that my efficiency as a teacher is adversely affected, the permission will be revoked. I shall follow strictly the maximum study load. I also know that I shall not be late in returning to my station for my daily work. I shall attend to my study not earlier than 30 minutes after the intended primarily to safeguard my health as well as maintain my efficiency in the educational service.

Signature of Applicant Date: _____

APPROVAL RECOMMENDED
I, the undersigned, certify that the applicant is doing satisfactory work with an efficiency rating of "Very Satisfactory" (3.500 - 4.499) or higher, that I shall be held strictly responsible for any undue delay in forwarding the application to the Superintendent if the application is filed on time, that I shall recommend the revocation of this permission if the application violates any or all the regulations given in Circular No. 17, s. 1960.

Print Name and Signature of Principal/ School Head/Supervisor Date: _____

For Schools Division Office Staff Only	
PERMIT NO. _____	
APPROVED:	
This permit expires on: 1 st _____ 2 nd _____ 3 rd _____ S.Y. _____	
AMADOR D. GARCIA, SR., PhD, CESO VI <i>Schools Division Superintendent</i>	

GUIDELINES ON SECURING PERMIT TO STUDY

Requirements in applying for Study Permit:

1. Permit to study Form (3 copies).
2. Secured permit to study shall be submitted at the Administrative Section **not later than one (1) month** after enrollment in the institution he/she will study, duly signed and approved by his/her School Head for Teachers and non-teaching personnel; Supervisors for Division Office employees.
3. Descriptive rating is Very Satisfactory (3.500 – 4.499) or higher.
4. Maximum of Nine (9) units allowed per semester.
5. Study Permit Application Form can be downloaded at depedabra.com/E-Admin Services.

Applicant's Signature/Date