

Annex – A

Miscellaneous Fees

Item	Amount
Med-Dental	932.05
Library	1,074.19
Guidance/Counseling	673.79
Audio Visual	664.11
Registration	121.00
School Bus	200.00
Internet	133.00
Processing	186.34
Developmental	175.59
Publication	148.73
Insurance	40.00
ID	150.00
Maintenance Cost	260.50
Student Affairs Enhancement	170.50
Modernization/Upgrading	194.70
Cultural	60.00
TOTAL	Php 5,184.50 Per Semester

Note:

1. The student has to finish all his/her **Academic Requirements** and must have settled all his/her **financial obligations** before taking his/her RLE.
2. The student is required to pay the **RLE fees** in advance before taking the clinicals in the Philippines.
3. The student has to sign and submit the **RLE Waiver Form** (See Annex - B) before leaving to Cebu City, Philippines.
4. (Optional) – The student may submit an **Assessment Questionnaire** pertaining to the RLE for evaluation purposes.
5. The student is required to take a pre-test and a post-test to evaluate his/her competency level to be conducted by the UV clinical instructors.

Related Learning Experience (RLE)

WAIVER FORM

Participant's Name : _____ Email Address: _____ Phone _____

Departure Date & Time: _____ Return Date & Time : _____

Program: (Check) LVN BSN

I understand that I hold the Filam Career Center Corp (FCCC) and the University of the Visayas (UV), its officers, employees and agents, harmless from all liability and claims, arising out of or in connection with my participation in any activity outside my Related Learning Experience (RLE) or practicum to be done in Cebu City, Philippines.

I hereby release and discharge the FCCC and UV from all liabilities arising out of or in connection with the above-described activity. In the event of any illness or injury, I hereby consent to whatever laboratory tests or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Done this _____th day of _____, 20__.

Student Signature (Date)

FCCC Staff