

Republic of the Philippines
 Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
 Veterans Compound
 Camp Aguinaldo, Quezon City

Name of Veteran _____ Claim_no _____
 Name of Widow _____ Date Filed _____
 Name of Waivee _____ Date Approved _____
 Organization _____ Date Waived _____
 Military Status _____ Waiver Approved _____

APPLICATION FOR AUTOMATIC EXTENSION UNDER PVAO
 (D.O. No A-049, Sec. 24-A, s'90)

COURSE APPROVED _____ City Address _____
 SCHOOL _____ Prov'l Address _____

The Administrator
 Philippine Veterans Affairs Office
 Quezon City

SIR:

I have the honor to request for automatic extension of _____ months which I intent to enjoy
 for _____ semester/Trimester/Summer/Quarter, 20____, 20_____.

My enjoyments under the Educational Benefits are as follows:

Sem/Sum/Qtr/Tri	School Year	Course	School	Student
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Very respectfully yours,

 (PRINT NAME & SIGNATURES)
 SCC Number _____

FOR CLAIM EXAMINER ONLY

Date _____

ACTION TAKEN:

Period of Entitlement _____ Months
 Period used to date _____ Months
 Period available _____ Months

With/without extension under D.O. No. A-049, Sec. 24-A, s'90

PROCESSED BY:

 NAME POSITION DATE

RECOMMENDATION: APPROVAL/DISAPPROVAL for automatic extension of _____ months for
 _____ 20_____ - 20_____.

 DATE