***Enclosure B***

6 November 2020

<Name of Schools Division Superintendent>

Schools Division Superintendent

DepEd SDO of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Address Line 1>

<Address Line 2>

**NEAP-RECOGNIZED PROFESSIONAL DEVELOPMENT PROGRAMS AND COURSES**

**LETTER OF INTENT**

Superintendent <Name>:

Greetings!

This is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME), \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (POSITION) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF SCHOOL).

I am writing to you to signify my intent to register for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PROGRAM OR COURSE TITLE) offered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF SERVICE PROVIDER) under the NEAP-Recognized Professional Development Programs and Courses.

If accepted, please be rest assured that I intend to:

* Maintain the academic standards and other course requirements set under the program
* Fulfill the required service obligation required under Sections 17 and 19 Rule VIII of the Omnibus Rules Implementing Book V of Executive Order No. 292
* Submit and implement my Re-Entry Action Plan
* Sign the NEAP-Recognized Professional Development Program Contract
* Refund in full to the Department of Education such sums of money as may have been defrayed by the Philippine government for expenses incidental for having attended the program or course, for failure to comply with any of the foregoing conditions through my fault or willful neglect, resignation from the service, transfer to other agencies, voluntary retirement or other causes within my control

Thank you.

Regards,

*<Name of Teacher or School Leader>*

*<Position>*

*<School>*