

APPLICATION FOR LEAVE OF ABSENCE (LOA)

(To be accomplished in duplicate)

1. NAME (Last First Middle)			2. STUDENT NO. 3. DEGREE PROGRAM	
4. COLLEGE		5. DATE OF FILING		(NOTE: Mid-Semester/Trimester is
6. DETAILS OF APPLICATION				
6a. INCLUSIVE DATES OF LOA From: _____ To: _____			6c. REASONS FOR LOA: _____ _____ _____	
6b. PREVIOUS LOA RECORD: From: _____ To: _____				
			_____ Signature of Student Applicant	

DO NOT WRITE BELOW THIS LINE

7. SCHOLASTIC STATUS AT THE TIME OF APPLICATION (To be accomplished by the College Secretary)				
7a. Current Semester/Trimester/Term _____ Academic Year _____ / / Enrolled / / Not Enrolled				
7b. If enrolled, provide information indicated below:				
SUBJECT	CLASS STANDING	INSTRUCTOR'S SIGNATURE		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
8. DETAILS OF ACTION ON APPLICATION				
8a. Leave of Absence Fee : P150.00 Date of Payment : _____ Official Receipt No. : _____				
8b. RECOMMENDATION :			8c. ACTION:	
/ / Approval			/ / Approval	
/ / Disapproval			/ / Disapproval	
_____			_____	
Department/Division Chair			Dean	

IMPORTANT:

No LOA shall be granted later than two (2) weeks before the last day of classes during the semester/trimester.

The College/School Secretary should inform the Registrar and the Instructors of the action on the application for LOA.