



**University of the Philippines  
Visayas  
APPLICATION FOR LEAVE OF ABSENCE (LOA)**

Date: \_\_\_\_\_

**THE DEAN**  
[Name of College]  
[Address of College]

I, \_\_\_\_\_ with Student Number \_\_\_\_\_ would like to apply for leave of absence from my degree program/course in \_\_\_\_\_ effective First/Second/  
(college)  
Semester/Trimester AY \_\_\_\_\_ until First/Second/Third Semester/Trimester AY \_\_\_\_\_.

**REASON/S FOR LOA:** \_\_\_\_\_

Very truly yours,

Noted by:

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Name and Signature of Parent/Guardian  
Date: \_\_\_\_\_

**Note to the student:**

1. Accomplish college clearance and secure certification from the Director of Student Affairs that you have no pending case. If the leave of absence is due to medical reason, please attach a **MEDICAL CERTIFICATE** from the UP Health Service.
2. If withdrawal is after  $\frac{3}{4}$  of the semester/term, your instructor may give you a grade of "5" if your class standing up to the time of withdrawal is failing.
3. NO leave of absence is permitted within two weeks from the last day of classes.

**Note to the Instructor:**

If the leave of absence is to be taken after the mid-semester period, the instructor concerned is required to indicate the class standing of the student at the time the leave is applied for.

Count	Subject enrolled	Class standing	Instructor's signature	Count	Subject enrolled	Class standing	Instructor's signature
1				5			
2				6			
3				7			
4				8			

**STUDENT'S STANDING** (check all that applies) as of the last semester: \_\_\_\_\_, A.Y. \_\_\_\_\_.

- Good                       Probation                       Enrolled  
 Warning                       Readmitted                       Not enrolled

**CLEARANCE**

\_\_\_\_\_  
Name & Signature of Program Coordinator

Date

\_\_\_\_\_  
Name & Signature of University Librarian

Date

\_\_\_\_\_  
Name & Signature of College Secretary

Date

\_\_\_\_\_  
Name & Signature of Vice Chancellor for/  
Director of Student Affairs

Date

**NOTED:**

**APPROVED** /  **DISAPPROVED:**

\_\_\_\_\_  
Name & Signature of Program Adviser

Date

\_\_\_\_\_  
Name & Signature of Dean

Date

LOA FEE paid under O.R No. \_\_\_\_\_ dated \_\_\_\_.

**Note:** LOA should not exceed one year but may be renewed for at most another year. When not taken in two (2) successive years, the aggregate LOA should not exceed two (2) years.