

	Reference No.: SPC-FO-REG-18	Effectivity Date: January 05, 2025	Revision No.: 01
LEAVE OF ABSENCE FORM			
To:		Date:	
(Name)			
(Designation)			
(Campus Address)			
Dear Sir/Ma'am,			
I would like to request for a leave of absence from _____ to _____			
(Semester, Academic Year)			
_____ due to _____			
(Semester, Academic Year)			
I promise to continue my studies on _____ under the _____			
(Semester, Academic Year)			
(College)			
Respectfully yours,			
Signature over Printed Name of Student			
Signature over Printed Name of Parent/Guardian			
Recommending Approval:		Approved by:	
Signature over Printed Name of College Dean/ Head, Academic Affairs		NAME OF AUTHORIZED OFFICIAL Designation	
Signature over Printed Name of Student Discipline Staff		Date:	
Date:		Date:	