

LEAVE OF ABSENCE FORM

| Date of Filing: | | |
|--------------------------------|-------------------------------------|--------------------------------------|
| Student Name: Student Type: | | Course:Year Level: |
| Effective From: | Sem/Term, SY: | Please attach the following: |
| Until: | Sem/Term, SY: | |
| Reason: | | □ Student's Chacklist & Study Plan |
| Student's S | ignature over printed name | Parent's Signature over printed name |
| 1. Recommending | Approval: | |
| | College Dean | Date |
| 2. Recommending | Approval: | |
| | University Registrar | |
| 3. Approved/Disap | pproved: | |
| | Vice President for Academic Affairs | |