



Department of Science and Technology
SCIENCE EDUCATION INSTITUTE

APPLICATION FOR LEAVE OF ABSENCE (LOA)

Name of Scholar: _____

Year of Award: _____ Scholarship Award: Merit RA 7687 RA 10612 JLSS

Course: _____

School: _____

Contact Number/s: _____ Email Address: _____

Home Address: _____

Effectivity of LOA:	<input type="checkbox"/> First	<input type="checkbox"/> Third	<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter	AY _____
	<input type="checkbox"/> Second	<input type="checkbox"/> Fourth	<input type="checkbox"/> Trimester	<input type="checkbox"/> Term	
Until:	<input type="checkbox"/> First	<input type="checkbox"/> Third	<input type="checkbox"/> Semester	<input type="checkbox"/> Quarter	AY _____
	<input type="checkbox"/> Second	<input type="checkbox"/> Fourth	<input type="checkbox"/> Trimester	<input type="checkbox"/> Term	

Reason for the Leave of Absence: _____

Please attach the following requirements to this application:

- | | |
|--|--|
| <input type="checkbox"/> University Approval of LOA | <input type="checkbox"/> Medical Certificate (for health reason) |
| <input type="checkbox"/> Certification of Grades in all Semesters Enrolled | <input type="checkbox"/> Other Supporting Document _____ |
| <input type="checkbox"/> Breakdown of Financial Assistance (if applicable) | |

Submitted by:

Noted by:

Printed Name/Signature of Applicant
Date: _____

Printed Name/Signature of Parent
Date: _____

To be accomplished by the University Coordinator (if applicable)

Recommendation: _____

Printed Name/Signature of University Coordinator
Date: _____

To be accomplished by SEI/DOST Regional Office

- Is the reason for LOA justified / valid? Yes No
- Is supporting document for the reason given, if applicable, acceptable? Yes No
- Is the period of LOA within the allowable period for LOA from the scholarship? Yes No
- Is the LOA from school officially approved by the university (if applicable)? Yes No
- Is the scholar has a previous approved LOA? Yes No

If yes, what semester/term: _____

Evaluation: Approved Disapproved

Reason for Disapproval: _____

If Approved Effectivity of LOA:	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> Third <input type="checkbox"/> Fourth	<input type="checkbox"/> Semester <input type="checkbox"/> Trimester	<input type="checkbox"/> Quarter Term	AY _____
Until:	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> Third <input type="checkbox"/> Fourth	<input type="checkbox"/> Semester <input type="checkbox"/> Trimester	<input type="checkbox"/> Quarter Term	AY _____

Remaining Period of Scholarship:					Semester/Term
To resume scholarship Effective *:	<input type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/> Third <input type="checkbox"/> Fourth	<input type="checkbox"/> Semester <input type="checkbox"/> Trimester	<input type="checkbox"/> Quarter Term	AY _____

Evaluated by:

Printed Name/Signature of Scholarship Staff

Date of Evaluation: _____

Noted by:

FRANCISCO R. BARQUILLA III

Date: _____

Printed Name/Signature of Scholarship Coordinator

* Must submit registration form and Medical Certificate (for health-related reason) for the release of financial assistance.