



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

Evaluated by: _____ Date of Evaluation: _____

Printed Name/Signature of Scholarship Staff

Noted by: _____ Date: _____

FRANCISCO R. BARQUILLA III

Printed Name/Signature of Scholarship Coordinator

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