



OFFICE OF ADMISSIONS

**APPLICATION FOR LEAVE OF ABSENCE**

Name: \_\_\_\_\_ ID No.: \_\_\_\_\_  
Family Name Given Name Middle Name

Course: \_\_\_\_\_ Year Level: \_\_\_\_\_  
College: \_\_\_\_\_  
Period Applied for Leave of Absence: \_\_\_\_\_ Semester, SY: \_\_\_\_\_  
Reason(s) for Applying for Leave of Absence: \_\_\_\_\_

If currently enrolled, notify concerned faculty by soliciting their signature/s below:

Subject	Instructor/Professor		Date Signed
	Printed Name	Signature	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Student Date of Application

**IMPORTANT- Attach the following:**  
(1) Letter of consent of parent /guardian  
(2) University Clearance

To be certified by the Office of Admissions:

CERTIFICATION

This is to certify that\_\_\_\_\_

( ) Has not been granted leave of absence before

( ) Has already been granted leave of absence during \_\_\_\_\_ Semester, SY \_\_\_\_\_

\_\_\_\_\_  
Student Record Evaluator  
(Signature Over Printed Name)

\_\_\_\_\_  
Date Signed

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**ACTION TAKEN**  
The application of \_\_\_\_\_ for leave of absence for the  
period \_\_\_\_\_ Semester, SY \_\_\_\_\_ is hereby:  
( ) APPROVED ( ) DISAPPROVED

Distribution: College Dean  
College Dean  
Office of Admissions  
Student  
College Dean  
(Signature over Printed Name)  
Date Signed