|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Reference No.: SPC-FO-REG-18 | | | | Effectivity Date: January 05, 2025 | | | | Revision No.: 01 |
| **LEAVE OF ABSENCE FORM** | | | | | | | | | |
|  |  |  |  |  |  |  | Date: |  |  |
| To: |  |  |  |  |  |  |  |  |  |
|  |  | (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:  Signature over Printed Name of College Dean/  Head, Academic Affairs  Date: | | | Signature over Printed Name of Student Discipline Staff  Date: | | | | Approved by:  **NAME OF AUTHORIZED OFFICIAL**  Designation  Date: | | |