


<div><div><div>DE LA SALLE</div><div>MEDICAL AND HEALTH SCIENCES INSTITUTE</div></div><div><div>ACADEMICS</div><div>THE REGISTRAR</div></div></div> <div>APPLICATION FOR LEAVE OF ABSENCE (LOA)</div>	College / Department:
	Grade / Course / Section:
	Date Filed:

Instructions:

1. Completely fill out the form in triplicate (student, dean, and registrar’s copy) and signed by the student’s parent / guardian, endorsed by the vice dean, approved by the college dean and, noted by the registrar;
2. If emancipated from parental authority an appropriate affidavit is required;
3. This application requires accomplished student clearance, dropping form and memorandum of agreement.

Important Notice:

1. This application is valid for a maximum of one (1) academic year; extension, if necessary should be filed accordingly.

Application for LOA is sanctioned under the section on Leave of Absence and Residency of the Institutional Student Handbook.

Surname : _____ Given Name: _____ Middle Name: _____

☐ First Term

☐ 2nd Term

☐ 3rd Term

☐ Mid-Year Term

AY ____ - ____

Reason(s)

☐ Financial

☐ Health (with attached Medical Certificate)

☐ Others (Specify) : _____

Signature of Student Over Printed Name

Email Address: _____

Contact No.: _____

Signature of Parent/Guardian Over Printed Name

(if unemancipated from parental authority)

Email Address: _____

Contact No.: _____

Academic Standing (For Advisers)

☐ Satisfactory

☐ Unsatisfactory

Remarks: _____

Balance (if any): _____

Endorsed:

Vice Dean

Date: _____

Recommending Approval:

College Dean

Date: _____

Approved:

Registrar

Date: _____