



Date: _____/_____/20____
MM / DD / YY

FOR: _____
Vice Dean / SHSSHS Assistant Director

COLLEGE/SHSSHS: _____

FROM: _____
College/SHSSHS/Department Organizer

RE: **APPROVED ABSENCE**

Greetings in St. La Salle!

Kindly please consider the absence of _____ - _____
(NAME) (Yr Level/Sec)
on _____ as approved absence from his/her class for the following
reason/s _____

_____.
(state reason/s)

It is understood that **ONLY THE ABSENCE IS EXCUSED** therefore the student will be held responsible for any academic requirements and/or examinations missed during his/her absence.

Your favorable consideration is highly appreciated. Thank you.

REQUESTING STUDENT:

(Printed Name and Signature)

RECOMMENDING APPROVAL

(Printed Name & Signature)
Collegiate Vice Dean/SHSSHS Assistant Director

For the student concerned

1. Please accomplish in triplicate
2. Please submit form for processing at least one (1) week prior to the date of absence
3. Please specify if you will miss a Formative/Summative evaluation, i.e. quiz, exams
4. Please specify if your attendance is required on subject/s that you will miss.

	APPROVED
	DISAPPROVED
REMARKS: _____ _____ _____ _____ _____ Signature _____ Date	





DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE

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ACADEMICS
THE STUDENT AFFAIRS

SDAD FORM 08-B

