

College / Department: _____

Grade / Course / Section: _____

APPLICATION FOR LEAVE OF ABSENCE (LOA)

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:

Recommending Approval:

Approved:

Vice Dean

College Dean

Registrar

Date: _____

Date: _____

Date: _____

TR-RES006 s. 2022