



OVCA FORM 113: EXCUSE FOR SCHOOL ABSENCE

Date Filed: _____
Name of Student: _____ Contact Number/s: _____
Course/Year/Section: _____
Date of Absence/s: _____

Please check one of the following:

- Illness/Injury
- Death or Illness in the Family
- Religious Observance (applicable only to those who have no RLE/Internship Program)
- Required Presence in the Family Gathering (applicable only to those who have no RLE/Internship Program)
- Doctor's Appointment
- Inclement Weather
- Others, please specify: _____

I hereby certify that the aforementioned student was absent on the date/s listed for the reason specified.

Signature over Printed Name of the Parent/Guardian

Note: Kindly attach the supporting documents.
Accomplish in two (2) copies: 1-College/Department, 1-Student

ACTION TAKEN

APPROVED

DISAPPROVED

Special Instructions:

_____.

SIGNED:

Subject Professor

*Signature Over Printed Name
of Department Chair/Program Director*

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