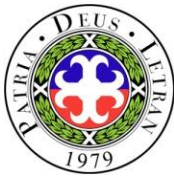


LEAVE OF ABSENCE (LOA) FORM			
DATE OF FILING		TERM: [] 1 st [] 2 nd [] Inter-Sem, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO.		PERSONAL EMAIL ADD	
REASON/S FOR APPLYING			
_____ Learner Signature over Printed Name		_____ Parent Signature over Printed Name	
_____ Date		_____ Date	
DATA PRIVACY CONSENT			
I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request. Further, I agreed to the collection and processing of my data in relation to my <i>request for leave of absence (LOA)</i> to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations. _____ Signature over Printed Name/Date			
ACTION TAKEN			
Noted by: _____ Academic Dean Signature Over Printed Name	Approved by: _____ Registrar/College Records Officer Signature Over Printed Name	Encoded by: _____ Records Evaluator/Assistant Signature over Printed Name/Date	
NOTE: 1. <i>Request for extension is valid only for one semester.</i> 2. <i>Attach a photocopy of any valid ID of your parent.</i>			
Learner's Copy Received by: _____ Date: _____			



LEAVE OF ABSENCE (LOA) FORM			
DATE OF FILING		TERM: [] 1 st [] 2 nd [] Inter-Sem, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO.		PERSONAL EMAIL ADD	
REASON/S FOR APPLYING			
Learner Signature over Printed Name		Parent Signature over Printed Name	
Date		Date	
DATA PRIVACY CONSENT			
I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request. Further, I agreed to the collection and processing of my data in relation to my <i>request for leave of absence (LOA)</i> to Colegio de San Juan de Letran Calamba. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required to provide truthful information. I understand that my personal information shall not be shared or disclosed with other parties without consent unless the disclosure is required by, or in compliance with applicable laws and regulations. Signature over Printed Name/Date			
ACTION TAKEN			
Noted by: Academic Dean Signature Over Printed Name	Approved by: Registrar/College Records Officer Signature Over Printed Name	Encoded by: Records Evaluator/Assistant Signature over Printed Name/Date	
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