Colegio de San Juan de Letran Calamba
City of Calamba, Laguna
REGISTRAR'S DEPARTMENT
Collegiate Records Unit

LEAVE OF ABSENCE (LOA) FORM

DATE OF FILING		TERM: [ ]1st [ ] 2nd [ ] 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	**Date**	**Parent** Signature over Printed Name	**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 *request for leave of absence (LOA)* 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:	**Approved by:**	**Encoded by:**
Academic Dean Signature Over Printed Name	**Registrar/College Records Officer** Signature Over Printed Name	**Records Evaluator/Assistant** Signature over Printed Name/Date

NOTE: 1. *Request for extension is valid only for one semester.*
2. *Attach a photocopy of any valid ID of your parent.*

Learner's Copy Received by: _____ **Date:**_____

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City of Calamba, Laguna
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