LEAVE OF ABSENCE (LOA) FORM									
DATE OF FILING: _		Trimester, A.Y							
PERSONAL INFORMATION			ACADEMIC INFORMATION						
LAST NAME			ID NO.						
FIRST NAME			PROGRAM						
MIDDLE INITIAL									
REASON/S FOR APPLYING									
Learner's Signature over Printed Name									
NOTE: Request for	extension is valid only for one trimes	ter.							
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.									
Letran Calamba. I und provide truthful informa	e collection and processing of my data in releastand that my personal information is protection. I understand that my personal informations required by, or in compliance with applicable	cted by RÁ 10 on shall not b	173, Data Privacy e shared or disclos	Act of 2012, and that I am required to					
Signature over Printe	ed Name/Date								
APPROVED BY:									
	Dean								
Signatur		Registrar Signature Over Printed Name/Date							
	'			18:00-03-FO-10					

18:00-03-FO-10 (Learner's Copy)



	duate School Records Unit								
	LEAVE OF ABS	ENCE (LO	A) FORM						
DATE OF FILING: _	TERM: Trimester, A.Y								
PERSONAL INFORMATION			ACADEMIC INFORMATION						
LAST NAME			ID NO.						
FIRST NAME			PROGRAM						
MIDDLE INITIAL									
	REASON/S	FOR APPLYI	NG						
	Learner's Signatu	re over Print	ted Name						
NOTE: Request for extension is valid only for one trimester.									
	DATA DDIV	4 OV OONOEN	ı <del>-</del>						
I be a select of firms the at all	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	ne collection and processing of my data in re	elation to my re	equest for leave of	absence to	Colegio de S	San Juan de			
provide truthful informa	lerstand that my personal information is prote ation. I understand that my personal informa	tion shall not b	e shared or disclos	Act of 2012, ed with othe	and that I am er parties with	n required to nout consent			
unless the disclosure i	s required by, or in compliance with applicabl	e laws and reg	ulations.						
Signature over Printe	ed Name/Date								
APPROVED BY:									
						_			
Signatur	Dean e Over Printed Name/Date		Re Signature Over	gistrar Printed N	ame/Date				