



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

LEAVE OF ABSENCE (LOA) FORM									
DATE OF FILING: _____					TERM: _____ 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									
<b>NOTE: Request for extension is valid only for one trimester.</b>									
<b>DATA PRIVACY CONSENT</b>  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 <u>leave of absence</u></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									
APPROVED BY:									
_____ Dean Signature Over Printed Name/Date					_____ Registrar Signature Over Printed Name/Date				



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