



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.		EMAIL ADD	
REASONS FOR APPLYING			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>			
_____ Student Signature over Printed Name	_____ Date	_____ Parent 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. Request for extension is valid only for one semester. 2. Attach a photocopy of any valid ID of your parent.			
Student's Copy Received by: _____ Date: _____			



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