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 NAME									

REASON/S FOR APPLYING

_____

_____

_____
Student's Signature over Printed Name

APPROVED BY:

_____   _____
Academic Head/Date   **Registrar/Date**

NOTE: *Request for extension is valid only for one trimester.*

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