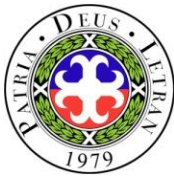


LEAVE OF ABSENCE (LOA) FORM			
DATE OF FILING		TERM: [] 1 st [] 2 nd [] Inter-Sem, A.Y.	
PERSONAL INFORMATION		ACADEMIC INFORMATION	
LAST NAME		ID NO.	
FIRST NAME		PROGRAM	
MIDDLE NAME		YEAR	
CONTACT INFORMATION			
MOBILE NO.		PERSONAL EMAIL ADD	
REASON/S FOR APPLYING			
<div></div> <div></div> <div></div>			
<div>_____ Learner Signature over Printed Name</div>		<div>_____ Parent Signature over Printed Name</div>	
Date		Date	
DATA PRIVACY CONSENT			
<p>I hereby affirm that all information supplied is complete and accurate. Withholding or giving false information will make me ineligible for my request.</p> <p>Further, I agreed to the collection and processing of my data in relation to my <i>request for leave of absence (LOA)</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.</p> <div>_____ Signature over Printed Name/Date</div>			
ACTION TAKEN			
Noted by:	Approved by:	Encoded by:	
<div>_____ Academic Dean Signature Over Printed Name</div>	<div>_____ Registrar/College Records Officer Signature Over Printed Name</div>	<div>_____ Records Evaluator/Assistant Signature over Printed Name/Date</div>	
NOTE: 1. <i>Request for extension is valid only for one semester.</i> 2. <i>Attach a photocopy of any valid ID of your parent.</i>			
Learner's Copy Received by: _____ Date: _____			



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.		PERSONAL EMAIL ADD	
REASON/S FOR APPLYING			
<div></div> <div></div> <div></div> <div></div>			
<div></div> <div>Learner</div> <div>Signature over Printed Name</div>		<div></div> <div>Parent</div> <div>Signature over Printed Name</div>	
<div></div> <div>Date</div>		<div></div> <div>Date</div>	
DATA PRIVACY CONSENT			
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ACTION TAKEN			
Noted by: <div></div> <div>Academic Dean</div> <div>Signature Over Printed Name</div>	Approved by: <div></div> <div>Registrar/College Records Officer</div> <div>Signature Over Printed Name</div>	Encoded by: <div></div> <div>Records Evaluator/Assistant</div> <div>Signature over Printed Name/Date</div>	
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