



# APPLICATION FOR LEAVE OF ABSENCE

NAME OF STUDENT:		ID NUMBER:
PROGRAM/YEAR LEVEL:		
TERM OF LEAVE: <input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/> Intersemester   AY: 20____ to 20____		
EXPECTED TERM OF RETURN: <input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester <input type="checkbox"/> Intersemester   AY: 20____ to 20____		
REASON FOR LEAVE:		
SIGNATURE OF STUDENT:		DATE SIGNED:

**APPROVED BY:**

1. \_\_\_\_\_  
PROGRAM HEAD / Date

2. \_\_\_\_\_  
VICE-PRESIDENT FOR ACADEMICS & ADMINISTRATION / Date

>>> *Once accomplished, submit this form to the Admissions & Records Office*<<<