

Return from Leave of Absence (LOA)

REGISTRAR'S COPY

Name: _____
Student No.: _____

College: _____
Degree Program: _____

I was granted Leave of Absence (LOA) from _____ Sem., SY _____
until _____ Sem., SY _____ .

I will resume my studies in the University starting _____ Sem., SY _____

Signature of Student

NOTED: (Signature over printed name):

College Secretary

Rowena Quinto-Bailon, PhD
University Registrar

A medical certificate from University Health Service is required if:
a. the reason for LOA is medical/health-related; or
b. the LOA exceeded one semester.

Return from Leave of Absence (LOA)

DEAN'S COPY

Name: _____
Student No.: _____

College: _____
Degree Program: _____

I was granted Leave of Absence (LOA) from _____ Sem., SY _____
until _____ Sem., SY _____ .

I will resume my studies in the University starting _____ Sem., SY _____

Signature of Student

NOTED: (Signature over printed name):

College Secretary

Rowena Quinto-Bailon, PhD
University Registrar

A medical certificate from University Health Service is required if:
a. the reason for LOA is medical/health-related; or
b. the LOA exceeded one semester.

Return from Leave of Absence (LOA)

STUDENT'S COPY

Name: _____
Student No.: _____

College: _____
Degree Program: _____

I was granted Leave of Absence (LOA) from _____ Sem., SY _____
until _____ Sem., SY _____ .

I will resume my studies in the University starting _____ Sem., SY _____

Signature of Student

NOTED: (Signature over printed name):

College Secretary

Rowena Quinto-Bailon, PhD
University Registrar

A medical certificate from University Health Service is required if:
a. the reason for LOA is medical/health-related; or
b. the LOA exceeded one semester.