Return from Leave of Absence (LOA) Name: Student No.:	REGISTRAR'S COPY	
	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	
NOTED. (Circumstum area printed areas)	Signature of Student	
NOTED: (Signature over printed name):		
	Rowena Quinto-Bailon, PhD	
College Secretary	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:	College:	
Student No.:	Degree Program:	
I was granted Leave of Absence (LOA) from until Sem., SY	Sem., SY	
I will resume my studies in the University starting	Sem., SY	
will resulte tilly studies til tile Offiversity starting		
NOTED. /Signature ever printed name)	Signature of Student	
NOTED: (Signature over printed name):		
	Rowena Quinto-Bailon, PhD	
College Secretary	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:	College:	
Student No.:	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	
		
NOTED: (Signature over printed name):	Signature of Student	
110.20. jugnature over printed namej.		
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.