APPLICATION FOR LEAVE OF ABSENCE (LOA)
(To be accomplished in duplicate)

1. NAME (Last First Middle	2. STUDENT NO. 3. DEGREE PROGRAM
4. COLLEGE	5. DATE OF FILING (NOTE: Mid-Semester/Trimester is
6. DETAILS OF APPLICATION	
6a. INCLUSIVE DATES OF LOA From: _____ To: _____ 6b. PREVIOUS LOA RECORD: From: _____ To: _____	6c. REASONS FOR LOA: _____ _____ _____ _____ Signature of Student Applicant
DO NOT WRITE BELOW THIS LINE	
7. SCHOLASTIC STATUS AT THE TIME OF APPLICATION (To be accomplished by the College Secretary)	

7a. Current Semester/Trimester/Term _____Academic Year _____
/ / Enrolled / / Not Enrolled

7b. If enrolled, provide information indicated below:

SUBJECT	CLASS STANDING	INSTRUCTOR'S SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. DETAILS OF ACTION ON APPLICATION

8a. Leave of Absence Fee : P150.00
Date of Payment : _____
Official Receipt No. : _____

8b. RECOMMENDATION :
/ / Approval
/ / Disapproval

_____
Department/Division Chair

8c. ACTION:
/ / Approval
/ / Disapproval

_____
Dean

IMPORTANT:

No LOA shall be granted later than two (2) weeks before the last day of classes during the semester/trimester.

The College/School Secretary should inform the Registrar and the Instructors of the action on the application for LOA.

SML/mcl 11/10/89/jdo/1:23:90/joj/08/14/03