

PAMANTASAN NG CABUYAO

Katapatan Village, Banay-Banay
Cabuyao, Laguna

1 Copy - Registrar
1 Copy - College Dean
1 Copy - VPAA
1 Copy - Student

LEAVE OF ABSENCE (LOA)

(PRINT IN BLOCK LETTERS)

NAME: _____ Student No. _____

(Family)

(First)

(Middle)

Course: _____ Classification: _____ Major: _____

Department: _____ College: _____

Semester/Term Applying for (please check): () First, () Second, () Summer, S.Y. 20__ - 20__

Expected Return to the University: _____ Semester/Summer, S.Y. 20__ - 20__

REASONS FOR APPLYING FOR LEAVE OF ABSENCE:

For enrolled students only (students applying for LOA two weeks before the last first day of schedule for Final Examinations):

Subjects Enrolled in			Instructor/ Professor's Name	Signature	Class Standing
Subject Code	Subject Description	Units			

Student's Signature

*Signature over Printed Name
of Parent/Guardian*

Department Head

NOTED BY:

RECOMMENDING APPROVAL:

College Dean

University Registrar

Vice President for Academic Affairs

Note: A Semestral Clearance should be accomplished first before this form.