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):

<table>
<thead>
<tr>
<th>Subjects Enrolled in</th>
<th>Instructor/Professor's Name</th>
<th>Signature</th>
<th>Class Standing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Code</td>
<td>Subject Description</td>
<td>Units</td>
<td></td>
</tr>
</tbody>
</table>

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.