

Return from Leave of Absence (LOA)

REGISTRAR'S COPY

Name: _____

College: _____

Student No.: _____

Degree Program: _____

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

University Registrar

(Student is required a Medical Certificate from UPHS for LOA of more than one semester)

Return from Leave of Absence (LOA)

DEAN'S COPY

Name: _____

College: _____

Student No.: _____

Degree Program: _____

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

University Registrar

(Student is required a Medical Certificate from UPHS for LOA of more than one semester)

Return from Leave of Absence (LOA)

STUDENT'S COPY

Name: _____

College: _____

Student No.: _____

Degree Program: _____

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

University Registrar

(Student is required a Medical Certificate from UPHS for LOA of more than one semester)