Return from Leave of Absence (LOA)

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 __________.

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 __________.

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 __________.

NOTED: (Signature over printed name):

_____________________________ _______________________________
College Secretary University Registrar

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