

Return from Leave of Absence (LOA)

REGISTRAR'S COPY

Name: _____

College: _____

Student No.: _____

Degree Program: _____

I was 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

A medical certificate from University Health Service is required if:

- a. the reason for LOA is medical/health-related; or*
- b. the LOA exceeded one semester.*

Return from Leave of Absence (LOA)

DEAN'S COPY

Name: _____

College: _____

Student No.: _____

Degree Program: _____

I was 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

A medical certificate from University Health Service is required if:

- a. the reason for LOA is medical/health-related; or*
- b. the LOA exceeded one semester.*

Return from Leave of Absence (LOA)

STUDENT'S COPY

Name: _____

College: _____

Student No.: _____

Degree Program: _____

I was 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

A medical certificate from University Health Service is required if:

- a. the reason for LOA is medical/health-related; or*
- b. the LOA exceeded one semester.*