

## RETURN FROM LEAVE OF ABSENCE (LOA)

NAME:	(Last Name, First Name, Middle Name)	COLLEGE:	
STUDENT NO.	:	DEGREE PROGRAM:	
	I (A) (A) (I (A))		
		Semester/Trimester, Academic Year Semester/Trimester, Academic Year	
		Semester/Trimester, Academic Year	
Noted:		Signature of Student	
	College Secretary (Signature over Printed Name)	University Registrar (Signature over Printed Name)	
A medical clearance va	ilidated by the University Health Service is required if:		
a. the reason for LOA	is medical/health-related; or		
b. the LOA exceeded	one semester.		
OUR Form ( <u>2021</u>	<u>-4</u> )		OCS Copy
	RETURN FROM	LEAVE OF ABSENCE (LOA)	
	1008		
NAME:		COLLEGE:	
	(Last Name, First Name, Middle Name)		
STUDENT NO.	:	DEGREE PROGRAM:	
	I was granted Leave of Absence (LOA) from	Semester/Trimester, Academic Year	
	until	Semester/Trimester, Academic Year	
	I will resume my studies in the University starting	Semester/Trimester, Academic Year	
Noted:		Signature of Student	
Noted.		Signature of Student	
	College Secretary	University Registrar	
	(Signature over Printed Name)	(Signature over Printed Name)	
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	until	Semester/Trimester, Academic Year	
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Noted:		Signature of Student	
	College Secretary (Signature over Printed Name)	University Registrar (Signature over Printed Name)	
	(O.G. maile Over 1 Interest value)	(Signature over 1 filled (vaile)	

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- **a.** the reason for LOA is medical/health-related; or
- $b.\ \ \text{the LOA exceeded one semester}.$



I grant my consent to and recognize the authority of the University of the Philippines to process my personal and sensitive personal information, pursuant to the abovementioned Privacy Notice and applicable laws in connection with my application to shift/transfer/ be admitted as a student of UP [CU].

I likewise consent to and recognize UP's authority to post online and/or in UP bulletin boards at its option my name and program in the event I qualify for admission in order for the University to comply with its Charter and uphold the principle of transparency in the admissions process.

Signature over Printed Name

Signature of Parent/Guardian over printed name if applicant is a minor

Date: Date:



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