

**RETURN FROM LEAVE OF ABSENCE (LOA)**

NAME: _____
(Last Name, First Name, Middle Name)

COLLEGE: _____

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

College Secretary
(Signature over Printed Name)

University Registrar
(Signature over Printed Name)

A medical clearance validated by the University Health Service is required if:

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

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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

Date:

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

Date:



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