

LEAVE OF ABSENCE FORM

Date

Dear Dean _____ :

Please allow my son/daughter _____
Last Name, First Name M.I.

Course/Year/Section _____ with student no. _____.

To take a leave of absence effective [] first [] second semester of school year _____
because _____

He/She will be back on _____ semester of school year _____.

Respectfully yours,

Parent's/Guardian Signature
Over printed name

Endorsed by:

Department Head

SWDB Coordinator

Guidance Counselor

Approved by:

Dean

Date

Remarks:

1. Students with disciplinary records, academic deficiencies, unauthorized leave of absence and/or has been out of school for at least two consecutive years may not be readmitted.
2. In case of leave due to illness a certification from the attending physician concerned as to the student's fitness to study is required.

Note: Please attach latest transcript of Records (TOR)
UST:A015-00-FO12