RETURN FROM LEAVE OF ABSENCE (LOA)

NAME: __________________________

STUDENT NO.: __________________

COLLEGE: SCIENCE

DEGREE PROGRAM: __________________

Granted Leave of Absence (LOA) from __________________ Semester, Academic Year ___________ - ___________

until __________________ Semester, Academic Year ___________ - ___________

I will resume my studies in the University starting __________________ Semester, Academic Year ___________ - ___________

NOTED (Signature over printed name):

______________________________

Signature of Student

______________________________

Program Adviser

______________________________

College Secretary

______________________________

University Registrar

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

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