SCIENCE EDUCATION INSTITUTE

Department of Science & Technology

Accelerated Science & Technology Human Resource Development Program

(UP Diliman-ASTHRDP)

**LEAVE OF ABSENCE**

NAME: DATE:

DEGREE & COURSE:

START OF SCHOLARSHIP:

|  |  |
| --- | --- |
| **REQUIREMENTS CHECKLIST** | **🗹** |
| Request letter duly Endorsed by the Adviser and Institute/Unit Director | **⬜** |
| University approval of LOA | **⬜** |
| Certification/ True Copy of Grades | **⬜** |
| Financial Assistance Breakdown – FAB (optional) | **⬜** |

☞*To be fill up by ASTHRDP Staff only…*

EVALUATION: **⬜Complete ⬜Approved by Project Leader ⬜Disapproved**

REMARKS:

EVALUATED BY:

DATE OF APPROVAL: