

**RETURN FROM LEAVE OF ABSENCE (LOA)****DEAN'S COPY**

NAME: \_\_\_\_\_

COLLEGE: **SCIENCE**

STUDENT NO.: \_\_\_\_\_

DEGREE PROGRAM: \_\_\_\_\_

I was 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**MA. NERISSA MASANGKAY ABARA, PhD**

College Secretary

MARIA VANESSA LUSUNG-OYZON, PhD

University Registrar

*(Student is required a Medical Certificate from UPHS for LOA of more than one semester)***RETURN FROM LEAVE OF ABSENCE (LOA)****STUDENT'S COPY**

NAME: \_\_\_\_\_

COLLEGE: **SCIENCE**

STUDENT NO.: \_\_\_\_\_

DEGREE PROGRAM: \_\_\_\_\_

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Signature of Student\_\_\_\_\_  
Program Adviser**MA. NERISSA MASANGKAY ABARA, PhD**

College Secretary

MARIA VANESSA LUSUNG-OYZON, PhD

University Registrar

*(Student is required a Medical Certificate from UPHS for LOA of more than one semester)***RETURN FROM LEAVE OF ABSENCE (LOA)****REGISTRAR'S COPY**

NAME: \_\_\_\_\_

COLLEGE: **SCIENCE**

STUDENT NO.: \_\_\_\_\_

DEGREE PROGRAM: \_\_\_\_\_

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until \_\_\_\_\_ Semester, Academic Year \_\_\_\_\_ - \_\_\_\_\_

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MARIA VANESSA LUSUNG-OYZON, PhD

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