

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

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: _____

I was granted Leave of Absence (LOA) from _____ Semester, Academic Year _____ - _____

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RETURN FROM LEAVE OF ABSENCE (LOA)

REGISTRAR'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

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