

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

A medical certificate from the University Health Service is required if:

- a. the reason for LOA is medical/health-related; or
- b. the LOA exceeded 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 _____ - _____ 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

A medical certificate from the University Health Service is required if:

- c. the reason for LOA is medical/health-related; or
- d. the LOA exceeded one semester

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

University Registrar

A medical certificate from the University Health Service is required if:

- e. the reason for LOA is medical/health-related; or
- f. the LOA exceeded one semester