

COLLEGE OF PUBLIC HEALTH
University of the Philippines Manila
The Health Sciences Center

LEAVE OF ABSENCE FORM

 Student Number

 Date

I, _____, a student of this College, enrolled in
 _____, _____ semester AY _____ - _____ is applying for a **LEAVE OF ABSENCE** effective
 _____ Sem AY _____ - _____ until the end of _____ Sem AY _____ - _____ subject to pertinent provision
 of the Revised U.P. Code and additional rules passed by the Board of Regents on 882nd meeting.

Reason for leave:

 Name and Signature of Adviser

 Signature of Student

Copy for:	SUBJECT/S (if enrolled)	CLASS STANDING (Passing/Failing)	INSTRUCTOR'S SIGNATURE	PARENTAL CONSENT: (For undergraduate only)
<input type="checkbox"/> Registrar				_____ Printed Name
<input type="checkbox"/> Student				_____ Signature
<input type="checkbox"/> OCS				
Fee Paid:				
Php _____				<input type="checkbox"/> Approved
O.R. _____				<input type="checkbox"/> Disapproved
Date: _____				
Assessed by: _____				For the Dean: _____

Deadline for Filing _____

Date

_____ For 1st Semester

_____ For 2nd Semester

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